

Targeted Grants to Increase the Well-Being of, and to Improve  
the Permanency Outcomes for, Children Affected by  
Methamphetamine or Other Substance Abuse:  
First Annual Report to Congress

U.S. Department of Health and Human Services  
Administration for Children and Families  
Administration on Children, Youth and Families  
Children's Bureau



## Table of Contents

<b>Executive Summary.....</b>	<b>i</b>
Major Accomplishments in Brief.....	ii
Services and Activities Conducted Under the RPG Program .....	ii
Progress Made in Meeting the Needs of Families Affected by Parental Substance Abuse .....	vi
Performance Indicators Established Under the Program.....	vi
Looking Ahead.....	viii
<b>I. Introduction.....</b>	<b>1</b>
The Regional Partnership Grant Program – Legislative Intent and Broad Program Goals...	1
Purpose and Scope of Report to Congress.....	5
Data Sources .....	6
<b>II. Services and Activities: A Profile of the 53 Regional Partnership Grantees .....</b>	<b>7</b>
Location of RPGs and Geographic Areas to be Served .....	7
Regional Partnership Composition.....	9
Target Population .....	11
Program Strategies and Activities .....	12
Systems Collaboration and Improvements .....	14
Substance Abuse Treatment and Linkages.....	15
Services for Children and Youth.....	17
Support Services for Parents and Families .....	18
Expand Region’s Capacity for Services.....	19
<b>III. Progress To Date in Addressing Needs of Families and Achieving Goals of Safety, Permanence and Well-Being .....</b>	<b>21</b>
RPG Project Staffing and Training .....	21
Establishing or Expanding Collaborative Relationships.....	22
Working Collaboratively to Implement Projects .....	23
<b>IV. Development of the RPG Performance Indicators and RPG Data Collection and Reporting System .....</b>	<b>25</b>
Overview of the Consultative Process and Development of the Final Indicators .....	25
Selection of Grantee-Specific Final Indicators.....	29
Child/Youth Indicators .....	30
Adult Indicators .....	30
Family/Relationship Indicators .....	31
Regional Partnership/Service Capacity Indicators.....	32
Development of RPG Data Collection and Reporting System .....	32
Grantee Performance Indicator and Evaluation Implementation Progress .....	34
<b>V. Implementation of the Legislation: HHS Program Development and Orientation Activities.....</b>	<b>36</b>
Program Announcement Development and Grantee Selection .....	37

Development of the RPG Support Contract and Selection of Contractor .....	38
HHS Program Oversight and Support of the 53 Grantees .....	38
General RPG Program Orientation .....	39
Technical Assistance Program.....	40
<b>VI. Conclusion .....</b>	<b>42</b>

**Appendix A: Regional Partnership Grant Program Award Funding Structure**

**Appendix B: Listing of Regional Partnership Grants and Proposal Abstracts by State**

## Executive Summary

On September 28, 2006, President Bush signed into law landmark legislation, the Child and Family Services Improvement Act of 2006 (P.L. 109-288). The legislation was designed to improve the lives of abused and neglected children and their families, and includes provisions that specifically address those children who are affected by parental methamphetamine and other substance abuse disorders. The legislation reauthorized the Promoting Safe and Stable Families (PSSF) program through fiscal year (FY) 2011 and amended Section 437 of the Social Security Act (42 U.S.C. 629g[f]) to include a new competitive grants program: “Targeted Grants to Increase the Well-Being of, and to Improve the Permanency Outcomes for, Children Affected by Methamphetamine or Other Substance Abuse.”

The legislation responds to parental substance abuse as a key factor underlying the abuse or neglect experienced by many children in the child welfare system. Studies indicate that between one-third and two-thirds of all substantiated child maltreatment reports involve substance abuse.<sup>1</sup> This effort represents the broadest Federal program ever launched to assist States, Tribes and communities across the nation to improve the well-being, permanency and safety outcomes of children who are in out-of-home placement as a result of a parent’s or caregiver’s methamphetamine or other substance abuse, or are at risk of such placement.

*Parental substance abuse is a key factor underlying the abuse or neglect experienced by many children in the child welfare system. Yet the provision of child welfare services and substance abuse treatment is too often uncoordinated and fragmented.*

This Report summarizes the activities and support efforts of the 53 regional partnerships grants funded at \$40 million in accordance with Section 437 of the Social Security Act, as amended by the Child and Family Services Improvement Act of 2006. Annual grant awards totaled \$32.5 million for FY 2007 and are supported by a \$7.5 million technical assistance contract. The legislation calls for an annual report to Congress that focuses on three key areas of the Regional Partnership Grant program (RPG Program):

1. The **services and activities** conducted under the RPG Program,
2. The **progress that has been made** in addressing the needs of families with methamphetamine or other substance abuse problems who come to the attention of the child welfare system and in achieving the goals of child safety, permanence, and well-being, and
3. The set of **performance indicators** established to assess periodically the performance of recipients of RPG Program grant funds.

---

<sup>1</sup> While figures vary for methodological reasons, most studies find that for one-third to two-thirds of children involved with the child welfare system, parental substance abuse is a contributing factor. The lower figures tend to involve child abuse reports and the higher ones most often refer to children in out-of-home care. Sources: U.S. Department of Health and Human Services (1999). *Blending Perspectives and Building Common Ground: A Report to Congress on Substance Abuse and Child Protection*. Washington, D.C.: U.S. Government Printing Office, 1999; and Semidei, J., Radel, L.F. & Nolan, C. (2001). Substance abuse and child welfare: Clear linkages and promising responses. *Child Welfare*. 80(2): 109-28.

## **Major Accomplishments in Brief**

Major achievements have occurred since the passage of the Child and Family Services Improvement Act of 2006 (P.L. 109-288) through the initial implementation period of the RPG Program. During the period October 1, 2006 to July 31, 2008, significant accomplishments included:

- Releasing the Program Announcement and selecting 53 grantees to carry out the purposes of the legislation through a broad range of program activities;
- Establishing and strengthening interagency collaborative partnerships in all 53 sites to provide integrated child welfare and substance abuse treatment services;
- Developing a set of RPG performance data indicators as required by the legislation;
- Developing a RPG Data Collection and Reporting System to assess the performance of the grant recipients;
- Completing in-depth site visits with each of the 53 regional partnerships;
- Implementing a national programmatic and evaluation technical assistance program to support the work of the 53 regional partnerships; and
- Enrolling more than 1,800 adults and children in RPG programs.

Important milestones attained within each of the three legislated focus areas are briefly highlighted below.

## **Services and Activities Conducted Under the RPG Program**

As stated in the legislation, the program is “to provide through interagency collaboration and integration of programs and services, services and activities that are designed to increase the well-being of, improve permanency outcomes for, and enhance the safety of children who are in an out-of-home placement, or are at risk of being placed in an out-of-home placement as a result of a parent’s or caretaker’s methamphetamine or other substance abuse.”

Upon passage of the legislation, HHS initiated a broad consultative effort involving multiple Federal partners to develop a Program Announcement (released May 4, 2007) in accordance with the specifications and intent of the legislation.<sup>2</sup> On September 30, 2007, HHS awarded grant funds to 53 grantees whose lead agencies represent 28 States and six Tribes (see table below). The vast majority of grantees (91 percent) identified a region or county as their geographic area to be served.

---

<sup>2</sup> The Program Announcement and supporting materials developed by the Federal Interagency Workgroup are available on the Children’s Bureau Discretionary Grants Library Website at [http://basis.caliber.com/cbgrants/ws/library/docs/cb\\_grants/GrantHome](http://basis.caliber.com/cbgrants/ws/library/docs/cb_grants/GrantHome).

53 Regional Partnership Grantees (Listed Alphabetically by State)*			
Grantee	City	State	Congressional District
<b>Program Option 1: Three-Year Projects \$1,000,000 Annual Award</b>			
Denver Department of Human Services	Denver	CO	1
Island Grove Regional Treatment Center, Inc.	Greeley	CO	4
Pierce County Alliance	Tacoma	WA	6
<b>Program Option 2: Five-Year Projects \$1,000,000 Annual Award</b>			
County of Santa Clara, Social Services Agency	San Jose	CA	10, 13-16
SHIELDS for Families, Inc.	Los Angeles	CA	37
Idaho Department of Health and Welfare	Boise	ID	1, 2
Children's Research Triangle	Chicago	IL	7
Kentucky River Community Care, Inc.	Jackson	KY	5
Kids Hope United - Hudelson Region	St. Louis	MO	1
Multnomah County	Portland	OR	3
State of Nevada	Carson City	NV	2
Child and Family Tennessee	Knoxville	TN	2
<b>Program Option 3: Three-Year Projects \$500,000 Annual Award</b>			
State of Arizona	Phoenix	AZ	4
Butte County Department of Employment and Social Services	Oroville	CA	2
Supreme Court of Georgia	Atlanta	GA	5
Omaha Nation Community Response Team ☼	Walthill	NE	1
University of Rochester	Rochester	NY	28
County of Lucas	Toledo	OH	9
<b>Program Option 4: Five-Year Projects \$500,000 Annual Award</b>			
Cook Inlet Tribal Council, Inc. ☼	Anchorage	AK	1
Center Point, Inc.	San Rafael	CA	6
County of San Diego, Health and Human Services Agency, Child Welfare Services	San Diego	CA	53
County of Santa Cruz, Health Services Agency, Alcohol and Drug Program	Santa Cruz	CA	17
Mendocino County Health and Human Service Agency	Ukiah	CA	1
Sacramento Department of Health and Human Services	Sacramento	CA	3, 5
WestCare California, Inc.	Fresno	CA	9
Clarity Counseling P.C. <sup>3</sup>	Dolores	CO	3
Connect Care, Inc.	Colorado Springs	CO	5
Hillsborough County Board of Commissioners	Tampa	FL	11
Juvenile Justice Fund	Atlanta	GA	5
Judicial Branch State of Iowa	Des Moines	IA	Statewide
Upper Des Moines Opportunity, Inc.	Graettinger	IA	5
Kansas Department of Social and Rehabilitation Services	Topeka	KS	2
Kentucky Department for Community Based Services	Frankfort	KY	Statewide

<sup>3</sup> Although Clarity Counseling is officially located in Dolores, Colorado, its regional partnership program is operating and serving families in New Mexico.

<b>53 Regional Partnership Grantees (Listed Alphabetically by State)*</b>			
<b>Grantee</b>	<b>City</b>	<b>State</b>	<b>Congressional District</b>
Massachusetts Department of Public Health	Boston	MA	1-10
White Earth Band of Chippewa ☼	White Earth	MN	7
St. Patrick Center	St. Louis	MO	1
Apsaalooke Nation Housing Authority ☼	Crow Agency	MT	1
The Family Tree Center - Billings Exchange Clubs' CAP Center	Billings	MT	1
Westchester County	White Plains	NY	18
North Carolina Department of Health and Human Services	Raleigh	NC	13
Butler County Children Services	Hamilton	OH	8
Choctaw Nation of Oklahoma ☼	Durant	OK	2
Oklahoma Department of Mental Health and Substance Abuse Services	Oklahoma City	OK	5
Baker County/Northeast Oregon Collaborative	Baker City	OR	2
Klamath Tribes ☼	Chiloquin	OR	2
OnTrack, Inc.	Medford	OR	2
Children's Friend and Service	Providence	RI	1
Tennessee Department of Mental Health and Developmental Disabilities	Nashville	TN	Statewide
Aliviane, Inc.	El Paso	TX	16
Houston Council on Alcoholism and Drug Abuse	Houston	TX	7
Travis County	Austin	TX	25
Lund Family Center	Burlington	VT	1
Wisconsin Department of Health and Family Services	Madison	WI	2

\* The city represents the location of the grant's lead agency. However, the location of the lead agency is not always the same location where the program is being implemented and services are being provided. The majority of grantees are providing services to families in multiple counties or regions throughout a State.

☼ Tribal grantee

Grantees were required to target services to families with children who have been placed in out-of-home care or those whose children are at risk of removal, but are still in the custody of their parent or caregiver (i.e., in-home cases). Nearly three-fourths of grantees (73 percent) are working with both groups of families, while 21 percent are focused solely on in-home cases and six percent are solely serving families with children currently in out-of-home care, typically with the goal of trying to achieve reunification.

To serve families, the 53 grantees are implementing a wide range of program activities and services in five broad areas: systems collaboration and improvements, substance abuse treatment linkages and services, services for children and youth, support services for parents and families, and expanded capacity to provide treatment and services to families. Grantee efforts are not limited to only one program activity or service area; all funded programs span three or more service areas. Examples of key grantee activities within each of the five broad program areas are provided in the table that follows. Section II of this Report provides a more detailed overview of the regional partnerships and their various program strategies and activities, target populations and service regions.

## **Examples of Regional Partnership Grantee Key Program Activities**

### ***Systems Collaboration and Improvements***

- 89 percent are emphasizing cross-systems training on child welfare and substance abuse issues
- 59 percent are implementing cross-systems information sharing and data collection improvements
- 40 percent are developing new and/or expanding existing Family Treatment Drug Courts

### ***Substance Abuse Treatment Linkages and Services***

- 77 percent are providing coordinated case management or integrated case planning
- 74 percent are engaged in specific strategies to increase access to treatment
- 72 percent are focused on improved substance abuse screening and assessment
- 62 percent are providing mental health/psychiatric services
- 55 percent are providing wraparound and in-home substance abuse services
- 51 percent are implementing specialized engagement and outreach
- 51 percent are focused on providing intensive outpatient services, while 36 percent are concentrating on residential treatment

### ***Services for Children and Youth***

- 68 percent are providing developmental screenings, assessments and services
- 57 percent are focused on early intervention and prevention activities
- 55 percent are providing children's mental health services and counseling
- 40 percent are providing additional therapeutic services and interventions (e.g., trauma-focused cognitive behavioral therapy, therapeutic child care)

### ***Support Services for Parents and Families***

- 87 percent are ensuring families receive other essential clinical and community ancillary services (e.g., housing assistance, child care, transportation)
- 83 percent are providing parenting skills training and education
- 59 percent are implementing a specific family strengthening program or curriculum
- 57 percent are providing family counseling
- 77 percent are providing enhanced continuing care and recovery support
- 38 percent are using drug testing to help monitor treatment plan compliance

### ***Expanded Capacity to Provide Treatment and Services to Families***

- 62 percent are expanding the array of services provided to parents, children and families
- 60 percent are focused on increasing the number of child welfare clients served
- 28 percent are improving services for culturally diverse families



## **Progress Made in Meeting the Needs of Families Affected by Parental Substance Abuse**

As of March 31, 2008, just six months after grantees received their initial funding under the program, services were provided through the RPG Program to 774 adults and 1,054 children representing nearly 647 families. These figures represent 29 grantees that served clients during grantees' first semi-annual progress reporting period (September 30, 2007 to March 31, 2008). By September 15, 2008, all but two grantees had begun providing services to children and adults.

Section III of this Report highlights common themes regarding the progress of program implementation and activities during this reporting period. Common areas of implementation successes faced by grantees included:

- **Project staffing and training.** Grantees undertook cross-systems efforts to hire and train staff. In the first six months, 38 grantees reported providing 323 trainings to more than 3,500 child welfare, substance abuse treatment, court and other project staff on topics including but not limited to: collaboration, addiction, family recovery issues, the effect of parental substance abuse on children, and information and data sharing.
- **Establishing or expanding collaborative relationships.** Most grantees had existing collaborative relationships with their partners and/or strong leadership from the lead agencies to help advance their collaborative efforts. A number of grantees further strengthened their partnerships by bringing on a wider array of agencies. Approximately one-third of grantees expanded their regional partnerships with the addition of more than 120 new partners during the first six months.
- **Working collaboratively to implement projects.** Grantees made progress in implementing various cross-systems protocols and procedures to identify, refer and provide families with a more integrated and coordinated system of care. To help leverage available resources and provide additional support and ancillary services to RPG families, some sites actively worked to connect with other community agencies and collaborative initiatives that exist in their regions or States.

## **Performance Indicators Established Under the Program**

To monitor the RPG Program's outcomes, HHS established performance indicators that reflect the broad goals of the legislation and align with the diverse activities of the 53 regional partnerships. Through a detailed legislatively-mandated consultative process involving the Children's Bureau, the Substance Abuse and Mental Health Services Administration (SAMHSA), the ACF Office of Planning, Research and Evaluation (OPRE), the HHS Office of the Assistant Secretary for Planning and Evaluation (ASPE), the HHS Office of the Assistant Secretary for Financial Resources (ASFR) and members of the regional partnerships, 23 performance indicators representing four domains were established (see table below).

<b>Regional Partnership Grant Program Performance Indicators</b>	
<b>Child/Youth</b>	<b>Adult</b>
C1. Children remain at home	A1. Access to substance abuse treatment
C2. Occurrence of child maltreatment	A2. Retention in substance abuse treatment
C3. Average length of stay in foster care	A3. Reduced substance use
C4. Re-entries to foster care placement	A4. Parents/caregivers connected to supportive services
C5. Timeliness of reunification	A5. Employment
C6. Timeliness of permanency	A6. Criminal behavior
C7. Prevention of substance-exposed newborns	A7. Mental health status
C8. Children connected to supportive services	
C9. Improved child well-being	
<b>Family/Relationship</b>	<b>Regional Partnership/Service Capacity</b>
F1. Improved parenting	R1. Collaborative capacity
F2. Family relationships and functioning	R2. Capacity to serve families
F3. Risk/protective factors	
F4. Coordinated case management	
F5. Substance abuse education and training for foster care parents and other substitute caregivers	

HHS began development of a web-based RPG Data Collection and Reporting System to capture and compile the indicator data across all 53 grantees and provided performance measurement and data system technical assistance.

Section IV of this Report provides a more detailed description of the indicators and documents the consultative process employed to develop both the indicators and RPG Data Collection and Reporting System. Key activities in the consultative indicator development process included:

- Convening a multi-agency Federal Performance Indicators Workgroup to draft a preliminary set of performance indicators for inclusion in the Program Announcement.
- Soliciting feedback from grant applicants on the draft indicators.
- Reviewing related data collection and outcome monitoring systems used by the Children's Bureau and SAMHSA to identify commonalities and differences with the draft RPG performance indicators.
- Holding intensive facilitated discussions with grantees at the RPG Kick-off Meeting to develop preliminary consensus on the indicators.

- Releasing a Final Indicators Report to grantees and convening a Performance Indicators Webinar to present and discuss the refined indicators.
- Developing a RPG Data Dictionary with comprehensive specifications for each indicator definition.
- Working closely with each grantee to finalize their grantee-specific list of indicators that align with their stated program activities, goals and intended outcomes.

Section IV also highlights related evaluation progress made by grantees during this reporting period. Grantees made progress in several key implementation areas to ensure their capacity to collect and report the RPG performance indicators to HHS in a standardized manner. These accomplishments included securing their own experienced evaluation teams; developing their own local individualized project database and management information system to collect both process and outcome evaluation information; selecting an appropriate comparison or control group to help them fully assess specific aspects of their programs; developing relationships and protocols to share and collect data across systems; and developing and selecting data collection tools to measure certain indicators.

Section V of this Report provides a brief overview of the key activities HHS undertook to implement the RPG Program and establish an infrastructure to assist the 53 grantees in their efforts to provide integrated services to children and their families who are affected by methamphetamine and other substance abuse disorders. These included:

- Convening two major substantive grantee meetings (a Grantee Kick-Off Meeting and a Grantee Annual Meeting) to review RPG Program requirements and expectations; obtain grantee input on methods for defining and measuring performance; and provide an opportunity for grantees to highlight promising strategies for building interagency collaboration.
- Conducting in-depth site visits with each of the 53 grantees to discuss implementation strengths and challenges of each regional partnership, performance evaluation activities and technical assistance needs.
- Providing programmatic and evaluation technical assistance and training to grantees, and identifying future needs.
- Selecting a support contractor to develop and maintain a grantee performance management data system, provide programmatic and evaluation-related technical assistance to grantees, and analyze grantees' performance indicator data.

## **Looking Ahead**

Grantees have undertaken collaborative interagency activities aimed at building and strengthening comprehensive, integrated community-based systems to provide assistance and support to vulnerable children and families. Grantees will begin reporting their performance indicator data to the RPG Data Collection and Reporting System during the first quarter of program year two (by December 15, 2008). Subsequent Annual Reports to Congress will focus on the overall progress of the RPGs, including analysis of the 23 RPG performance indicators and highlights from the grantees' local evaluations. The overarching

purpose of all data analyses presented in future reports will be to understand how grantees are performing and, where possible, identify factors that facilitate or hinder grantees' performance.

It is anticipated that the work of these 53 sites, together with HHS, will directly impact thousands of lives and ultimately provide lessons and models that can shape the collaborative policy and practice of the substance abuse and child welfare systems across this nation to help the thousands of families and children who struggle with these problems.

## I. Introduction

### The Regional Partnership Grant Program – Legislative Intent and Broad Program Goals

On September 28, 2006, President Bush signed into law landmark legislation, the Child and Family Services Improvement Act of 2006 (P.L. 109-288). The legislation was designed to improve the lives of abused and neglected children and their families, and includes provisions that specifically address those children who are affected by methamphetamine and other substance abuse disorders. The legislation reauthorized the Promoting Safe and Stable Families (PSSF) program through Federal fiscal year (FY) 2011 and amended Section 437 of the Social Security Act (42 U.S.C. 629g[f]) to include a new competitive grants program: “Targeted Grants to Increase the Well-Being of, and to Improve the Permanency Outcomes for, Children Affected by Methamphetamine or Other Substance Abuse.”

This effort represents the broadest Federal program ever launched to increase the well-being, permanency and safety outcomes of children who are in or at risk of being placed in out-of-home placement as a result of a parent’s or caregiver’s methamphetamine or other substance abuse. The program is administered by the HHS Administration for Children and Families (ACF), Administration on Children, Youth and Families, Children’s Bureau.

The legislation provided funding for a new competitive grant program to support the development of regional partnerships “to provide, through interagency collaboration and integration of programs and services, services and activities that are designed to increase the well-being of, improve permanency outcomes for, and enhance the safety of children who are in an out-of-home placement or are at risk of being placed in an out-of-home placement as a result of a parent’s or caretaker’s methamphetamine or other substance abuse.”

The legislation responds to parental substance abuse as a key factor underlying the abuse or neglect experienced by many children in the child welfare system and is designed to assist States, Tribes and communities across the nation that are struggling to address the safety, permanency and well-being of children in families in which a parent’s substance abuse has placed children at risk. Studies indicate that between one-third and two-thirds of all substantiated child maltreatment reports involve substance abuse.<sup>4</sup>

*Parental substance abuse is a key factor underlying the abuse or neglect experienced by many children in the child welfare system. Yet the provision of child welfare services and substance abuse treatment is too often uncoordinated and fragmented.*

---

<sup>4</sup> While figures vary for methodological reasons, most studies find that for one-third to two-thirds of children involved with the child welfare system, parental substance abuse is a contributing factor. The lower figures tend to involve child abuse reports and the higher ones most often refer to children in out-of-home care. Sources: U.S. Department of Health and Human Services (1999). *Blending Perspectives and Building Common Ground: A Report to Congress on Substance Abuse and Child Protection*. Washington, D.C.: U.S. Government Printing Office, 1999; and Semidei, J., Radel, L.F. & Nolan, C. (2001). Substance abuse and child welfare: Clear linkages and promising responses. *Child Welfare*. 80(2): 109-28.

The rise of methamphetamine use, in particular among women of child-bearing age, has increased the visibility of these issues and focused attention on the need to provide comprehensive, integrated family-centered treatment services to affected families. From 1996 to 2006, the proportion of substance abuse treatment admissions for methamphetamine/amphetamine increased from 3 percent to 9 percent. In 2006, women accounted for 46 percent of all methamphetamine/amphetamine treatment admissions. Further, the proportion of such admissions for women was 12 percent, in contrast to 7 percent for men.<sup>5</sup> Among treatment admissions for pregnant women, from 1996 to 2006, the proportion increased from 9 percent to 24 percent, while the proportion for non-pregnant females also increased from 5 percent to 13 percent.<sup>6</sup>

Grants funded under this program are expected to support regional partnerships in establishing or enhancing a collaborative infrastructure capable of building the region's capacity to meet a broad range of needs for families involved with both substance abuse treatment and the child welfare system. Too often, the provision of child welfare services and substance abuse treatment is uncoordinated and fragmented due to:

- Difficulty identifying, engaging and retaining parents/caregivers in substance abuse treatment;
- Differing perspectives and policies between child welfare workers and substance abuse treatment providers; and
- Lack of appropriate comprehensive family-centered treatment services for families involved in both the child welfare and substance abuse treatment systems.

Effective service coordination and timely access to treatment and related support services is needed to address the full spectrum of problems these families face.

"Regional partnerships," as defined by the legislation, must be entered into by at least two partners, one of which must be the State child welfare agency responsible for the State Plan under Title IV-B or IV-E of the Social Security Act. Indian Tribes or Tribal consortia are exempted from this requirement, but these partnerships must include at least one non-Tribal partner.

Other eligible partners include the State agency responsible for administering the substance abuse prevention and treatment block grant; an Indian Tribe or Tribal consortium; nonprofit and/or for-profit child welfare service providers; community health service providers; community mental health providers; local law enforcement agencies; judges and court personnel; juvenile justice officials; school personnel; Tribal child welfare agencies; and any other providers, agencies, personnel,

*"Regional partnerships" are defined as two partners, one of which must be the State child welfare agency. Tribes are exempted from this requirement, but must include at least one non-Tribal partner.*

<sup>5</sup> Substance Abuse and Mental Health Services Administration, Office of Applied Studies. *Treatment Episode Data Set (TEDS). Highlights - 2006. National Admissions to Substance Abuse Treatment Services*, DASIS Series: S-40, HHS Publication No. (SMA) 08-4313, Rockville, MD, 2008.

<sup>6</sup> The Substance Abuse and Mental Health Data Archive. *Treatment Episode Data Set (TEDS) 2006 Computer File*. Ann Arbor, MI: Inter-university Consortium for Political and Social Research [distributor]. Retrieved July 21, 2008 from <http://webapp.icpsr.umich.edu/SAMHDA/about/about-samhda.html>.

officials, or entities that are related to the provision of child and family services. However, a regional partnership cannot be comprised solely of the State child welfare and substance abuse agencies.

The law authorized and appropriated \$145 million over five years for this grant program. The legislation authorized grants for between two and five years. The funding levels for each year are as follows: \$40 million in FY 2007 with a 15 percent grantee match; \$35 million in FY 2008 with a 15 percent grantee match; \$30 million in FY 2009 with a 20 percent grantee match; \$20 million in FY 2010 with a 20 percent grantee match; and \$20 million in FY 2011 with a 25 percent grantee match. HHS developed and asked grant applicants to select from one of four program options that were designed to fulfill the legislative requirements while allowing for grantee program flexibility. The grant Program Announcement provided detailed program option tables outlining the project time frames and Federal award and grantee match amounts per award year (see Appendix A).<sup>7</sup>

On September 30, 2007, HHS awarded multi-year grants to 53 regional partnerships representing 29 States and six Tribes (Table 1). Annual grant awards were \$500,000 or \$1,000,000 and totaled approximately \$32.5 million for the first year, with \$7.5 million provided for Contract Support activities. Forty-four of the regional partnership grants (83 percent) are for five years, represented by Program Options 2 and 4 in Table 1 below.

*The Regional Partnership Grant Program will strengthen the 53 funded sites' collaborative infrastructure and capacity to meet the complex needs of families involved with the child welfare system who are affected by parental substance abuse.*

**Table 1: Regional Partnership Grantees by Program Funding Option  
(Listed Alphabetically by State)\***

Grantee	City	State	Congressional District
<b>Program Option 1: Three-Year Projects \$1,000,000 Annual Award</b>			
Denver Department of Human Services	Denver	CO	1
Island Grove Regional Treatment Center, Inc.	Greeley	CO	4
Pierce County Alliance	Tacoma	WA	6
<b>Program Option 2: Five-Year Projects \$1,000,000 Annual Award</b>			
County of Santa Clara, Social Services Agency	San Jose	CA	10, 13-16
SHIELDS for Families, Inc.	Los Angeles	CA	37
Idaho Department of Health and Welfare	Boise	ID	1, 2
Children's Research Triangle	Chicago	IL	7
Kentucky River Community Care, Inc.	Jackson	KY	5
Kids Hope United - Hudelson Region	St. Louis	MO	1
Multnomah County	Portland	OR	3
State of Nevada	Carson City	NV	2

<sup>7</sup> The full Program Announcement and supporting materials developed by the Federal Interagency Workgroup are available on the Children's Bureau Discretionary Grants Library Website at [http://basis.caliber.com/cbgrants/ws/library/docs/cb\\_grants/GrantHome](http://basis.caliber.com/cbgrants/ws/library/docs/cb_grants/GrantHome).

<b>Table 1: Regional Partnership Grantees by Program Funding Option (Listed Alphabetically by State)*</b>			
Grantee	City	State	Congressional District
Child and Family Tennessee	Knoxville	TN	2
<b>Program Option 3: Three-Year Projects \$500,000 Annual Award</b>			
State of Arizona	Phoenix	AZ	4
Butte County Department of Employment and Social Services	Oroville	CA	2
Supreme Court of Georgia	Atlanta	GA	5
Omaha Nation Community Response Team ☼	Walthill	NE	1
University of Rochester	Rochester	NY	28
County of Lucas	Toledo	OH	9
<b>Program Option 4: Five-Year Projects \$500,000 Annual Award</b>			
Cook Inlet Tribal Council, Inc. ☼	Anchorage	AK	1
Center Point, Inc.	San Rafael	CA	6
County of San Diego, Health and Human Services Agency, Child Welfare Services	San Diego	CA	53
County of Santa Cruz, Health Services Agency, Alcohol and Drug Program	Santa Cruz	CA	17
Mendocino County Health and Human Service Agency	Ukiah	CA	1
Sacramento Department of Health and Human Services	Sacramento	CA	3, 5
WestCare California, Inc.	Fresno	CA	9
Clarity Counseling P.C. <sup>8</sup>	Dolores	CO	3
Connect Care, Inc.	Colorado Springs	CO	5
Hillsborough County Board of Commissioners	Tampa	FL	11
Juvenile Justice Fund	Atlanta	GA	5
Judicial Branch State of Iowa	Des Moines	IA	Statewide
Upper Des Moines Opportunity, Inc.	Graettinger	IA	5
Kansas Department of Social and Rehabilitation Services	Topeka	KS	2
Kentucky Department for Community Based Services	Frankfort	KY	Statewide
Massachusetts Department of Public Health	Boston	MA	1-10
White Earth Band of Chippewa ☼	White Earth	MN	7
St. Patrick Center	St. Louis	MO	1
Apsaalooke Nation Housing Authority ☼	Crow Agency	MT	1
The Family Tree Center - Billings Exchange Clubs' CAP Center	Billings	MT	1
Westchester County	White Plains	NY	18
North Carolina Department of Health and Human Services	Raleigh	NC	13
Butler County Children Services	Hamilton	OH	8
Choctaw Nation of Oklahoma ☼	Durant	OK	2
Oklahoma Department of Mental Health and Substance Abuse Services	Oklahoma City	OK	5
Baker County/Northeast Oregon Collaborative	Baker City	OR	2
Klamath Tribes ☼	Chiloquin	OR	2
OnTrack, Inc.	Medford	OR	2
Children's Friend and Service	Providence	RI	1

<sup>8</sup> Although Clarity Counseling is officially located in Dolores, Colorado, its regional partnership program is operating and serving families in New Mexico.



<b>Table 1: Regional Partnership Grantees by Program Funding Option (Listed Alphabetically by State)*</b>			
Grantee	City	State	Congressional District
Tennessee Department of Mental Health and Developmental Disabilities	Nashville	TN	Statewide
Aliviane, Inc.	El Paso	TX	16
Houston Council on Alcoholism and Drug Abuse	Houston	TX	7
Travis County	Austin	TX	25
Lund Family Center	Burlington	VT	1
Wisconsin Department of Health and Family Services	Madison	WI	2

\* The city represents the location of the grant's lead agency. However, the location of the lead agency is not always the same location where the program is being implemented and services are being provided. The majority of grantees are providing services to families in multiple counties or regions throughout a State.

☼ Tribal grantee

The 53 regional partnerships are implementing a wide array of integrated programs and services responsive to the needs outlined in the legislation and the gaps in current service delivery systems for children and families involved with the child welfare system and who need substance abuse treatment and other health and social services. Once fully operational, the 53 grantees are expected to serve approximately 10,400 children and adults representing an estimated 4,460 families each year. The grantee program activities are described in the next section of the Report. Appendix B includes a detailed listing of all 53 grantees, followed by brief abstracts of each grantee, organized by State.

## Purpose and Scope of Report to Congress

This Report to Congress on *Targeted Grants to Increase the Well-Being of, and to Improve the Permanency Outcomes for, Children Affected by Methamphetamine or Other Substance Abuse* is the first in a series of Annual Reports from the U.S. Department of Health and Human Services (HHS). In accordance with Section 437 of the Social Security Act, as amended by the Child and Family Services Improvement Act of 2006, the Reports to Congress are to focus on the following three key areas of the Regional Partnership Grant program (RPG Program), which comprise the framework of this Report.

1. **Services provided and activities conducted with RPG Program funds.** This first Report encompasses the activities that both the 53 grantees and HHS engaged in from October 1, 2006 to July 31, 2008. Section II of this Report provides a descriptive overview of the 53 funded projects, including grantees' various program strategies and activities, target populations and service regions, while Section V describes HHS' activities to implement the legislation, including the development of the Program Announcement and selection of the 53 grantees; development of a technical assistance and training support infrastructure for grantees; orientation of the grantees to review RPG program requirements and expectations; completion of in-depth onsite visits with each of the 53 grantees; and provision of programmatic technical assistance to grantees.
2. **Progress that has been made in addressing the needs of families.** Section III reviews the progress the 53 grantees have made in achieving the goals of child safety, permanency and well-being for families with methamphetamine or other substance abuse problems who come to the attention of the child welfare system. The focus for the

first Report to Congress is on describing grantees' major program implementation activities, including accomplishments and challenges encountered, through July 31, 2008. Subsequent Reports will focus on an analysis of the 23 RPG performance indicators and highlights from the grantees' local evaluations.

3. ***Performance indicators established under the RPG Program.*** Section IV of the Report describes the legislatively-mandated consultative process HHS used to develop performance indicators that reflect the broad goals of the legislation and align with the diverse activities of the 53 regional partnerships. It further describes the consultative process HHS used to develop a relational RPG Data Collection and Reporting System (RPG Data System) to compile all 53 grantees' indicator data. Section IV also discusses grantees' progress in implementing their evaluations and beginning the fundamental data collection and reporting tasks, together with a summary of the performance measurement and evaluation technical assistance HHS has initiated and will continue to provide to grantees to address key evaluation challenges encountered.

### **Data Sources**

The 53 grantees submit a Semi-Annual Progress Report in April and October of each fiscal year. Much of the information for this first Report to Congress comes from grantees' first Semi-Annual Progress Report, which covered the period September 30, 2007 to March 31, 2008. This information was supplemented by several other key sources, including each grantee's original funding proposal/application, summary reports prepared on each of the 53 grantee site visits conducted during March-June 2008, and notes from selected sessions at the Grantee Kick-off Meeting on November 27-28, 2007 and the RPG Annual Grantee Meeting on July 1-2, 2008.

Grantees will begin reporting their performance indicator data to the RPG Data Collection and Reporting System during the first quarter of program year two (by December 15, 2008). This indicator data, together with the Semi-Annual and Year End Reports, will inform subsequent Annual Reports to Congress.

## II. Services and Activities: A Profile of the 53 Regional Partnership Grantees

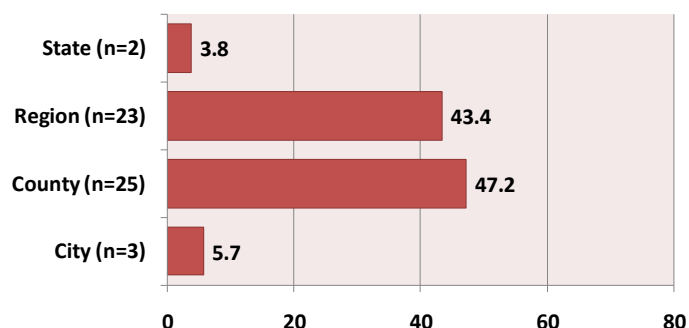
This section of the Report provides an initial profile of grantees, based primarily on the information presented in the 53 funded applications and supplemented by information obtained during site visits to grantees and ongoing discussions with grantees. The profile focuses on grantees' core project components (e.g. program option, lead agencies, collaborative members, geographic areas to be served, target population) and their broad program strategies and activities. Key points for many of these core project components are summarized in text boxes, followed by more descriptive detail. Appendix B contains a summary table that lists all 53 grantees by State and program option, followed by brief abstracts of each grantee. Information about grantees' performance indicators and evaluation plans is provided in Section IV.

### Location of RPGs and Geographic Areas to be Served

The lead agencies (applicants) for the 53 funded grantees are based in 28 States and include six Tribes (see Figure 2 map on the next page). Four States have at least three RPG sites: California (9 grantees), Oregon (4 grantees each) and Texas and Colorado (3 grantees). An additional nine States have two RPG sites located within their State. Discussions have begun in those States about collaboration opportunities among grantees within the same State or ACF Regional Office.

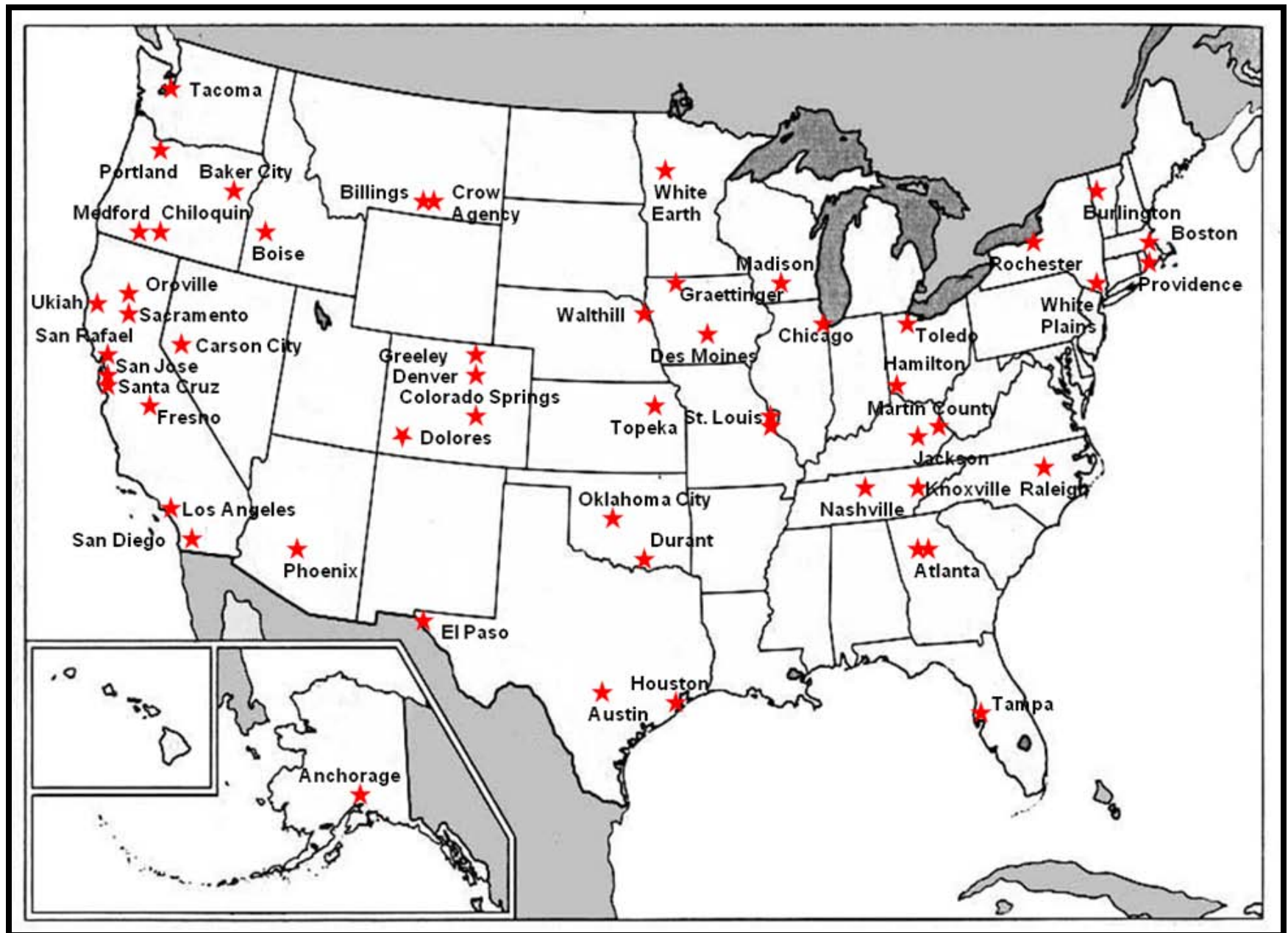
The location of the lead agency is not always the same as where the program is being implemented and services are being provided, as grantees may be implementing services in multiple sites. The majority of grantees (48 grantees or 91 percent) are providing services to families in a region (i.e., multiple counties) throughout their State or serving the larger county, as opposed to a single city (see Figure 1). Of the six tribal grantees, four are serving a region, one a county, and one a city.

**Figure 1: Percentage of Grantees Providing Services in a Given Geographic Area**



Regions being served by grantees vary greatly in scope, from two to 34 counties. Further, there are differences in terms of population demographics, topography and remoteness between multiple counties served within a given region. According to the 2000 Census, an average of 54 percent of the total population in these regions and counties reside in a rural area. Of the more than 190 counties in which services are being targeted, nearly one-third have a total population that is 75 percent or more rural. Grantees operating in rural areas report that they face significant challenges, including transportation barriers for both clients and partners engaging in collaborative work; limited resources for various treatment and support services; hiring, training and retaining a skilled workforce; health and economic disparities; and insufficient out-of-home placement options that require children removed from the home to be placed out of the area, creating additional barriers to visitation and strengthening the parent-child relationship.

Figure 2: Map of the 53 Regional Partnership Grants (RPGs) by Location of Lead Agency



## Regional Partnership Composition

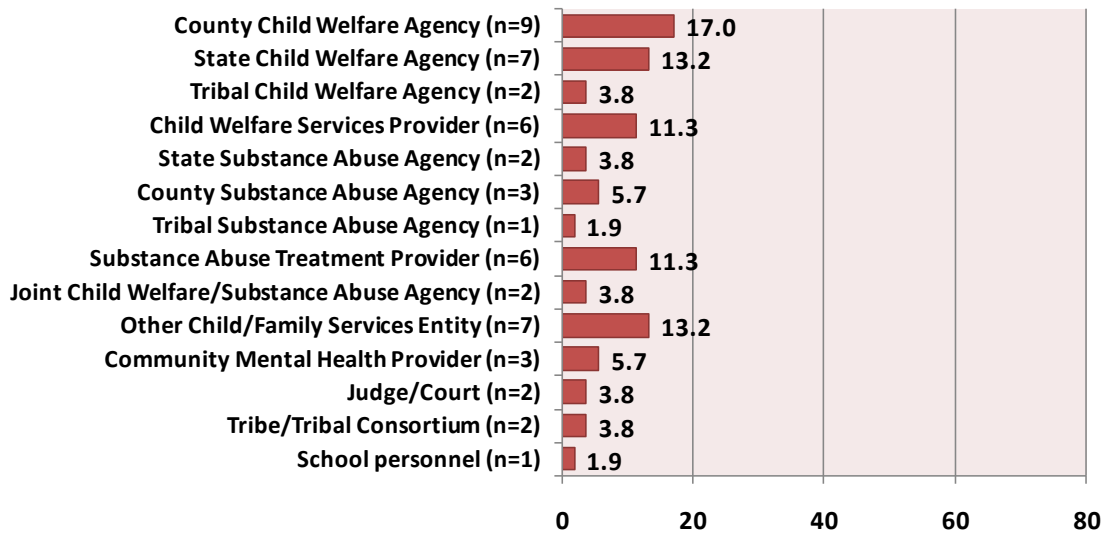
### ***Partnership Composition Highlights***

- *Nearly all (96 percent) of the regional partnerships extend well beyond the 2-partner minimum requirement.*
- *58 percent of partnership lead agencies are government entities, while 42 percent are private sector entities.*
- *A child welfare agency or services provider is the designated lead agency in 45 percent of partnerships; 23 percent have a substance abuse treatment agency lead.*
- *The courts are involved in 59 percent of the regional partnerships.*
- *A substantial number of partnerships also include other vital service systems (e.g., mental health, health care, housing, employment) that may be involved with these children and families.*

The membership of the regional partnerships is generally quite broad and for the majority (96 percent) of grantees, extends well beyond the two-partner minimum requirement specified in the legislation. Partnerships vary in size, from two to 17 partners, with an average of 7 members. Feedback from the site visits suggests many grantees are seeking to further expand their collaborative relationships and engage other partners in response to the complex needs of the families they serve.

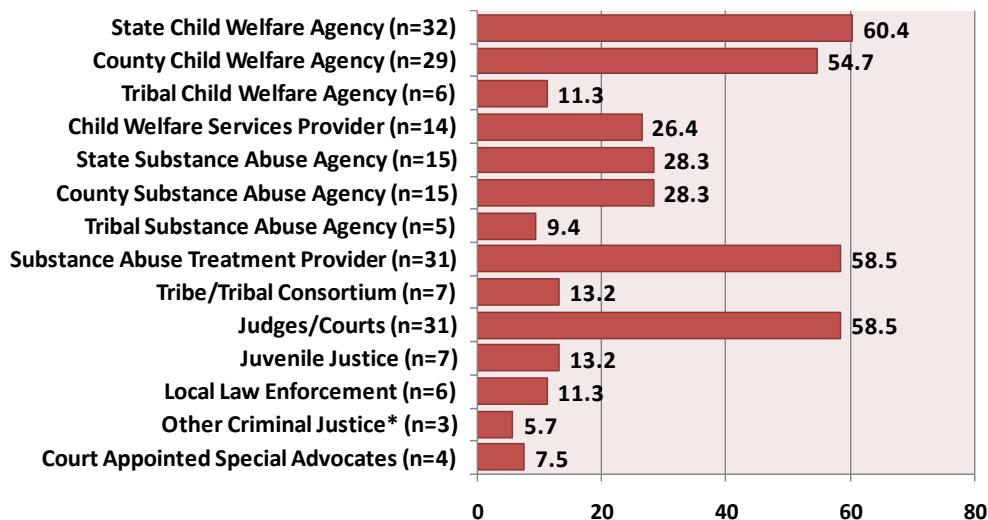
More than half (31 grantees or 58 percent) of the partnership lead agencies are State, County or Tribal government entities, while 22 (42 percent) of the grantee lead agencies are private sector entities. The wide range of governmental and private sector organizations that serve as the lead agency reflects the collaborative nature of this grant program. Though the State, County or Tribal child welfare agency is a partner in all 53 regional partnerships (as required by the legislation), slightly less than half (45 percent) of all partnerships have a child welfare agency (State, County or Tribal) or child welfare services provider as the designated lead agency. Nearly one-fourth (23 percent) have a substance abuse treatment agency lead, while two grantees decided upon a joint child welfare/substance abuse treatment agency lead. Other types of child and family services provider agencies serve as the lead for 7 projects (or 13 percent). The remaining grantees represent a mix of other lead agencies including community mental health agencies, judges or court personnel and Tribes (Figure 3).

**Figure 3: Lead Agencies for the 53 Regional Partnerships**  
Percentage of Grantees Indicating Lead Agency



Beyond the lead agencies, the composition of the regional partnerships is strengthened through the participation of additional key representatives from the three core service systems of child welfare, substance abuse and the courts (Figure 4). State, County, or Tribal child welfare agency involvement is augmented with the addition of child welfare services providers, who are collaborative members in 26 percent of the partnerships. Substance abuse tends to be represented more by treatment providers, who are represented in 59 percent of the partnerships; however, the State/County substance abuse treatment agency is also engaged in 28 percent of the partnerships. The judges and courts are also key partners and are represented in 59 percent of the collaboratives, though a small number of grantees (13 percent or less) identified other criminal/juvenile justice and law enforcement entities as initial partners. The six Tribal grantees include a balanced mix of child welfare and treatment agencies.

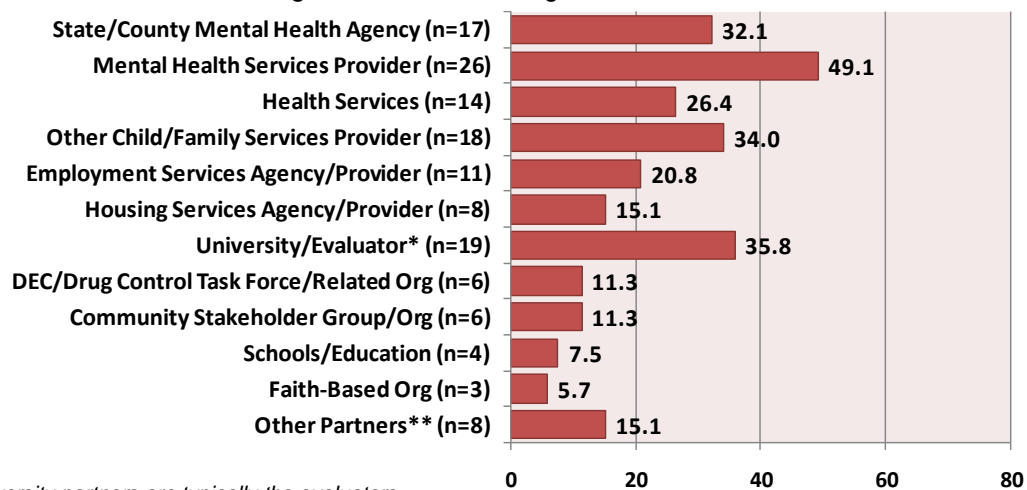
**Figure 4: Regional Partnership Member Agencies Representing Child Welfare, Substance Abuse, Courts and Tribes**  
Percentage of Grantees Indicating Given Member is a Partner



As Figure 5 shows, the partnerships extend beyond child welfare, substance abuse and the courts to include other vital service systems and community organizations. These other systems are critical partners; their additional resources are necessary to address the multifaceted needs of these families and improve child and family outcomes. Nearly half of the partnerships (49 percent) include mental health services provider(s), while close to one-third (32 percent) involve the State/County mental health agency. In addition, health care, child developmental services, housing assistance and employment support are services often needed by families involved in child welfare and substance abuse treatment. Though a smaller number of grantees identified these providers as partners in their applications, the grantee site visits suggest that these figures will change as the regional partnerships grow to meet their clients' needs.

**Figure 5: Regional Partnership Member Agencies Representing Other Service Systems and Community Organizations**

Percentage Grantees Indicating Given Member is a Partner



\* University partners are typically the evaluators.

\*\* Other partners include other types of non-profit service providers (e.g., legal services or client advocacy), peer/parent mentor groups, consultant/training organizations, community development districts or other advisory groups or committees.

Finally, many grantees indicate that their partnership also includes other organizations or groups who play a less formal, but still important role in supporting the program's goals and objectives. Over time, as the partnerships continue to develop, these entities may play larger roles and evolve into key partners.

### Target Population

#### Target Population Highlights

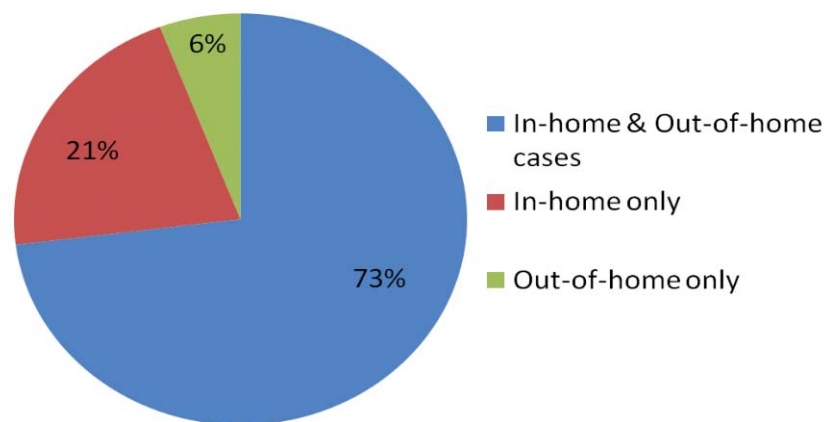
- 73 percent of grantees are working both with children who have already been removed from the home as well as those who are at risk of removal.
- Some grantees are focused on a specific subpopulation of children and families (e.g., pregnant and parenting women, women with young children, substance-exposed newborns).
- Grantees are addressing methamphetamine use, as well as other types of substance abuse that may be impacting their regions and target populations.



Grantees were required to target services to families with children who have been removed from home and placed in out-of-home care or those who are at risk of removal, but are still in the custody of their parent or caregiver (i.e., in-home cases). Nearly three-fourths of grantees (73 percent) are working with both groups of families. Of the remaining grantees, 21 percent are focused solely on in-home cases and working to prevent and reduce the risk of removal. Only six percent (three grantees) are solely serving families with children currently in out-of-home care, typically with the goal of trying to achieve reunification (Figure 6). Within these groups, some grantees are emphasizing a specific subpopulation, such as pregnant and parenting women, parents and their young children (0 to 5), substance-exposed newborns, families involved with the criminal justice system or homeless families.

Nearly all grantees include interventions to address the effect of methamphetamine abuse on child welfare involvement. However, most grantees are not limiting their focus at the exclusion of other substances, given the predominance of polysubstance use among most clients and drug use patterns that are unique to each part of the country.

**Figure 6: Percentage of Grantees Focusing on Children in In-Home and/or Out-of-Home Care**



### **Program Strategies and Activities**

The legislation specified that grant funds could be used for

- Family-based comprehensive long-term substance abuse treatment services
- Early intervention and preventive services
- Child and family counseling
- Mental health services
- Parenting skills training
- Replication of successful models for providing family-based comprehensive long-term substance abuse treatment services.



The grant Program Announcement<sup>9</sup> used this legislative framework to outline five broad program areas. These program areas included:

- Systems collaboration and improvements
- Substance abuse treatment linkages and services
- Services for children and youth
- Support services for parents and families
- Expanded capacity to provide treatment and services to families

Within each area, the Program Announcement provided concrete examples of specific services or interventions that applicants might propose. In an effort to provide comprehensive services to families and improve child safety, permanency and well-being, grantees did not limit their efforts to one of the five program areas. Nearly three-fourths (39 grantees or 74 percent) of grantees proposed approaches that include all five program areas, while another 25 percent (13 grantees) of grantee programs span four of the program areas. One grantee's program model covers three of the five program areas.

The box that follows provides a snapshot of a comprehensive grantee program model and is followed by examples of the specific activities proposed by grantees within each of the five broad project areas.

#### **Parenting in Recovery: An Example of a Comprehensive Model and its Key Elements**

- *Systems Collaboration and Improvements.* Implemented a Strategic Advisory Team and an Implementation Team to oversee systems collaboration and improvements and daily operations. The multidisciplinary teams include staff from child welfare, substance abuse treatment providers, the courts, community organizations and local government agencies.
- *Substance Abuse Treatment Linkages and Services.* Mothers who give birth to a substance-exposed newborn can be moved immediately into an appropriate treatment program; in some cases, mother and baby are sent directly from the birthing hospital to the treatment program.
- *Services for Children and Youth.* Once in treatment, the parent's infant and/or other children receive screening for developmental delays and appropriate medical care.
- *Supportive Services for Parents and Families.* These services include child development education and support, and access to a safe and affordable community housing program that includes after school programs, computer labs, money management and savings programs, educational instruction (e.g., English as Second Language, General Equivalency Diploma) and classes on community involvement and homeownership.
- *Expanded Capacity.* Grant funds are being used to expand capacity to serve pregnant and parenting women and their children.

<sup>9</sup> The Program Announcement and supporting materials developed by the Federal Interagency Workgroup are available on the Children's Bureau Discretionary Grants Library Website at [http://basis.caliber.com/cbgrants/ws/library/docs/cb\\_grants/GrantHome](http://basis.caliber.com/cbgrants/ws/library/docs/cb_grants/GrantHome).

## Systems Collaboration and Improvements

### **Key Systems Collaboration and Improvements Activities**

- 89 percent are emphasizing cross-systems training
- 59 percent are implementing cross-systems information sharing and data collection improvements
- 40 percent are developing new and/or expanding existing Family Treatment Drug Courts

Within the broad project focus area of systems collaboration and improvements, grantees are engaged in key activities to coordinate and integrate services that include, but are not limited to the following:

- Eighty-nine percent of grantees are emphasizing **cross-systems training**. Training topics cover a broad range of child welfare and substance abuse issues, including screening and identification of substance abuse disorders, the effects of substance abuse on children and families, working with substance-exposed newborns and child development. For example, one program model includes plans to train 400 substance abuse counselors to assess and refer children to early intervention and developmental services, mental health services and special education services.

*One program strategy involves the development of the Families of Choice program, an intensive training series for specialized foster families who wish to care for children affected by parental substance abuse disorders and reconnect families. Families learn about addiction, child development, the goal of reunification (where appropriate), and how to become a family recovery facilitator.*
- Fifty-nine percent of grantees are implementing improvements in **cross-systems information sharing** to ensure consistent data collection, facilitate shared outcomes monitoring and accountability, and promote effective service delivery to these families who are involved in multiple systems. These planned improvements include, for example, the development of data sharing tools, the creation of web-supported collaboration tools, implementation of a formal structure to track, assess and refer children living with parents with substance abuse disorders, and the development of an online record-keeping system that specifically facilitates case management activities and includes the client in the set of authorized users.
- Approximately 40 percent of grantees are implementing new and/or expanding existing **Family Treatment Drug Courts (FTDCs)**, which are designed specifically to improve treatment and child welfare outcomes for families involved in child welfare who have a substance abuse disorder. Generally, FTDCs (also known as Dependency Drug Courts or Family Treatment Courts) strive to help improve parents' access to treatment, retention, and to support their successful treatment and recovery so they can retain custody of or be reunified with their children (if appropriate). FTDCs include regular court hearings, intensive judicial monitoring with incentives and sanctions, substance abuse treatment and related wraparound services, and continuous long-term monitoring of progress, relapse and success that

includes the use of drug testing. FTDCs are unique in that they address the issues of both the parents and the children.

### Substance Abuse Treatment and Linkages

#### **Key Substance Abuse Treatment and Linkages Activities**

- 77 percent are providing coordinated case management or integrated case planning
- 74 percent are engaged in specific strategies to increase access to treatment
- 72 percent are focused on improved substance abuse screening and assessment practices
- 62 percent are providing mental health/psychiatric services
- 55 percent are providing wraparound and in-home substance abuse services
- 51 percent are implementing specialized engagement and outreach
- 51 percent are focused on providing intensive outpatient services, while 36 percent are concentrating on residential treatment

A majority of the RPGs are addressing the need to expedite assessment for substance abuse disorders and to improve access to and effectiveness of substance abuse treatment services for parents with children in the child welfare system:

- More than three-fourths (77 percent) of grantees are providing **coordinated case management or integrated case planning**. Joint case management helps expedite client assessment and access to appropriate treatment services, while intensive case management services by a single point of contact helps ensure children's safety by providing closer in-home supervision and support of the family. Coordinated case management teams are designed to provide support to the entire family during and after substance abuse treatment or integrated services to parents and parallel services to children at risk of out-of-home placement.

- Approximately three-fourths (74 percent) of grantees are engaged in strategies specifically to increase **access to treatment**. These activities include reducing the time for families to enter treatment (e.g., treatment on demand, same-day program enrollment, treatment assessment and treatment placement) or ensuring that clients involved in child welfare have priority access to treatment. These changes go beyond increased capacity as defined solely in terms of treatment slots or numbers served, to include approaches such as centralized intake or creation of assessment units; rapid intake and assessment or rapid referral programs; and the use of recovery specialists to facilitate referrals to treatment.

*One strategy used by grantees, for example, is the addition of a Resource Coordinator in the courts to closely monitor compliance, provide increased opportunities to connect with clients and support timely and effective linkages to treatment.*

- Nearly three-fourths (72 percent) of grantees are focused on improving **substance abuse screening and assessment** practices through strategies such as the initiation of targeted assessment to determine treatment needs and the level of care needed within two days; implementation of the SAFERR (Screening and Assessment

for Family Engagement, Retention and Recovery) model, which was developed by the HHS-funded National Center on Substance Abuse and Child Welfare and outlines collaborative roles and responsibilities for the child welfare, substance abuse and court systems<sup>10</sup>; and co-location of a substance abuse/mental health clinician at the child welfare office to assist child welfare case workers with substance abuse screening.

- More than half (51 percent) of grantees are implementing specialized **engagement and outreach activities**, such as the use of Parent Recovery Coaches, Parent Partners or Mentor Moms to ensure referrals to appropriate treatment and other supportive services and encourage a parent's treatment engagement and retention. Other strategies include using a child protection/substance abuse liaison to provide specialized engagement and recovery management services.

*Mentor Moms, who understand the challenges of successful recovery from methamphetamine abuse, and Parent Recovery Coaches, who have experience as a previous child welfare client, can facilitate clients' rapid engagement and timely entry into treatment and more fully support parents through the recovery process.*

- In terms of selected treatment modalities, 51 percent of grantees are targeting the provision of **intensive outpatient services**, while 36 percent are providing expanded **residential treatment**, in particular, where women can reside with their children. Fourteen grantees (26 percent) indicated they are using the Matrix Model, an evidence-based treatment model that is specifically targeted to the engagement and treatment of individuals who abuse stimulants, including methamphetamine.<sup>11</sup>
- Approximately 62 percent of grantees are providing **mental health/psychiatric services**, including trauma-focused treatment services.
- Fifty-five percent of grantees are providing **wraparound services** (interagency, community-based, collaborative approach to ensure clients receive a full range of services to meet their needs) and in-home substance abuse services to help parents maintain sobriety, decrease family stress, and improve parent-child interactions to decrease the risk of child abuse or neglect.

<sup>10</sup> The SAFERR (Screening and Assessment for Family Engagement, Retention and Recovery) model and guidebook was developed by the HHS-funded National Center on Substance Abuse and Child Welfare in response to frequent requests from child welfare agencies for a tool that caseworkers could use to screen parents for potential substance abuse disorders to make decisions about children's safety.

<sup>11</sup> The Matrix Model intensive outpatient treatment program was developed during the 1980s in response to an overwhelming demand for stimulant abuse treatment services. The Matrix Model is founded on a set of empirically supported clinical protocols; manuals for these protocols have been developed and evaluated with funding from the National Institute on Drug Abuse (NIDA), the Center on Substance Abuse Treatment (CSAT), and the National Institute on Alcoholism and Alcohol Abuse (NIAAA). These protocols include extensive assessment strategies, treatment placement guidelines, outpatient detoxification regimens, and structured outpatient options. The Matrix Model takes into account the diversity of factors that contribute to drug and alcohol problems and includes the following elements within each individualized treatment plan: therapist support, group and individual participation, 12 step or other spiritual group involvement, relapse prevention and education, family involvement and structure. Sources: Matrix Treatment Programs: General Overview (n.d.). Los Angeles, CA: The Matrix Institute on Addictions. Retrieved September 22, 2008 from <http://www.matrixinstitute.org/>; and Behavioral Therapies Development Program - Effective Drug Abuse Treatment Approaches: The Matrix Model (2006). Bethesda, MD: National Institute on Drug Abuse. Retrieved September 22, 2008 from <http://www.nida.nih.gov/BTDP/Effective/Rawson.html>.

## Services for Children and Youth

### **Key Child and Youth Services**

- 68 percent are providing developmental screenings, assessments and services
- 57 percent are focused on early intervention and prevention activities
- 55 percent are providing mental health services and counseling to children
- 40 percent are providing additional therapeutic services and interventions

Grantees proposed a wide range of services and activities to address the needs of children and youth, and improve child safety, permanency and well-being outcomes. For example:

- More than two-thirds (68 percent) of grantees are providing **developmental screenings, assessment and services**. This may include developmental nursery services where children receive comprehensive therapeutic assessments and referrals/linkages to services such as physical and occupational therapy, speech therapy and other early intervention services. Other types of screenings and assessments, such as comprehensive health exams, are being provided by nearly half (47 percent) of grantees.

- Fifty-seven percent of grantees are focused on **early intervention and prevention**, which may take the form of on-site medical clinic and health exams; a child development specialist to track the health of infants and toddlers; the addition of an early childhood development program specialist in the courts; or neuropsychological and developmental evaluations on all children served.

*One program strategy teams an early childhood development program specialist and an early childhood mental health specialist to work with the courts to ensure children 0 to 3 years receive developmental screenings and comprehensive diagnostic assessments. Ancillary supports and services for children 0 to 3 and their mothers are provided through referrals to project partners.*

- Fifty-five percent of grantees also are providing **mental health services and counseling to children**. Such services may include ensuring children receive a mental health assessment and follow-up to reduce behavioral issues that may create stressors for parents, providing children with mental health services to decrease behavioral or emotional issues that may delay reunification, and assessing children for trauma and referring them to mental health treatment, if appropriate.

- Approximately 40 percent of grantees are providing additional **therapeutic services and interventions** such as Trauma Focused Cognitive Behavioral Therapy (TF-CBT), child-parent psychotherapy, onsite therapeutic child care or family-centered substance abuse treatment that

*The Shonga Ska Program (Sacred Horse Society) is an example of an innovative Tribal program strategy that assists at-risk youth in making positive choices and developing leadership skills. Through working with horses and Tribal traditions pertaining to the horse, the program seeks to delay onset of drug and alcohol experimentation and decrease the likelihood of transition to regular use by teaching interpersonal skills, refusal skills, empathy, cultural identity, and cultural values. Shonga Ska is based on traditional cultural spirituality, practices and values.*

targets socio-emotional and behavioral skills for both children and caregivers.

### Support Services for Parents and Families

#### **Key Support Services for Parents and Families**

- 87 percent are ensuring that families receive other essential clinical and community ancillary services (e.g., child care, housing assistance, employment and vocational/educational services, transportation)
- 83 percent are providing parenting skills training and education; 59 percent are implementing a specific family strengthening program or curriculum
- 77 percent are providing enhanced continuing care and recovery support
- 38 percent are using drug testing to help monitor treatment plan compliance

All grantees designed programs to provide parents and families with other essential services that are important for treatment engagement and retention and positive outcomes across the child, adult and family/relationship performance indicator domains.

- Eighty-seven percent of grantees are focused on ensuring families receive other critical **clinical and community ancillary services**, such as child care, housing assistance, vocational and educational services and transportation. Grantees' efforts range from the use of family recovery and support specialists to facilitate linkage to and use of services, to the creation and maintenance of a continuum of sober and supportive family housing that enables parents (mothers and/or fathers) and their children to live together in a safe, supportive, drug-free environment and receive needed treatment and comprehensive support services. Other strategies include providing housing placement and assistance, and building community/neighborhood involvement to support parents in providing for their family's needs and well-being.

*Comprehensive family services provided by grantees include, for example, increased access to residential and outpatient substance abuse treatment for parents and children, case management, emergency housing, therapeutic nursery and child care center, mental health services, location of family resources, foster parent training, and family advocacy to bridge and mediate systems.*

- A majority of grantees (83 percent) also are providing **parenting skills training and education** for their clients – both mothers and fathers. This may involve integrating parenting education into all aspects of substance abuse treatment, providing one-on-one parenting instruction, or implementing a structured psycho-educational group specifically designed for parents who are in early recovery.
- Related to parenting skills training, 59 percent of grantees are implementing activities or a specific program or curriculum designed to strengthen and improve **family functioning**. Evidence-based programs that grantees are using include: the Strengthening Families Program (SFP), the Celebrating Families program (to teach parenting and communication skills to help remediate/address child safety concerns), the Nurturing Families program, Parent-Child Interaction Therapy (PCIT), and the Homebuilders Model, which provides intensive services by an in-home specialist to facilitate strong relationships and strengthen the family as a unit. In addition, 57 percent of grantees are providing **family counseling**.

*Parenting training and support groups extend to fathers as well. Grantee strategies include, for example, a program called “24/7 Dads” that provides fathers with parent workshops that address basic child development, children’s health, discipline, and the importance of fathers being involved with their children by playing with them and helping them with school. There also is a father’s support group and other father-child activities.*

- More than three-fourths (77 percent) of grantees are providing enhanced **continuing care and recovery support** to help parents sustain their recovery after they leave treatment. Comprehensive aftercare services may include routine (e.g., weekly or bi-weekly) home visits or a Parent Recovery Support Group for up to one year after program completion.
- Approximately 38 percent of grantees are using **random or periodic drug testing** to help monitor their clients’ compliance with treatment and/or to track their longer-term progress at remaining substance free.
- Nearly one-third (30 percent) of grantees are providing **peer education and mentoring**, such as using a family mentor to model sober parenting or family empowerment groups to support parents in learning and changing behaviors to prevent child abuse or neglect.
- One-fourth (25 percent) of grantees specified the use of **family group decision-making or family case conferencing** to jointly develop individualized plans to strengthen family capacity, assure child safety, stability and permanency and build natural supports that will sustain the family over time.

#### Expand Region’s Capacity for Services

##### **Key Activities to Expand Region’s Capacity**

- 62 percent are expanding the array of services provided to parents, children and families
- 60 percent are focused on increasing the number of child welfare clients served
- 28 percent are improving services for culturally diverse families

In addition to direct service provision, a majority of grantees are engaged in broader systemic activities to expand their region’s capacity to assist these children and families. Such efforts emphasize strengthening the workforce to better serve families, expanding the range and types of available supportive services, and addressing cultural diversity among the children and families served.

- 62 percent of grantees are expanding the **array of services** provided to parents, children and families. Program activities include, for example, adding pre-removal services and expanding post-removal services to a Family Treatment Drug Court; building on existing substance abuse treatment services by creating two therapeutic child care centers at outpatient and residential treatment facilities; incorporating

parenting classes and child developmental services into existing treatment plans for clients; and adding a year-long family-centered therapeutic and educational treatment program that addresses the emotional and behavioral needs of the mother and child, the family's communication and problem-solving skills and the mother's vocational and social needs.

- Approximately 60 percent of all grantees are implementing strategies and activities to **increase the number of child welfare clients served**. Examples include adding residential beds for female caregivers and their children involved in the child welfare system, creating a second court docket to serve RPG clients, adding a minimum of 100 drug court treatment slots, initiating intensive outpatient treatment services, or implementing the Network for the Improvement of Addiction Treatment (NIATx) process improvement methods to reduce wait times, reduce no-shows, increase admissions and increase continuation in treatment. (NIATx is a national initiative, supported in part by SAMHSA, which works with substance abuse and behavioral health organizations to implement process improvement strategies.) These grantee efforts may be done alone or in combination with strategies to improve access to treatment.
- 28 percent are focused on efforts to improve **services to culturally diverse families**. For example, a program strategy used by grantees includes the use of traditional tribal value systems and networks to restore protective factors for children and families. This includes the use of healing ceremonies, cleansing ceremonies, naming ceremonies, sweats, and education about Native traditions.

*One strategy used by a grantee to serve an isolated rural community in the Appalachian hills involved working with the school district to convert a school that is no longer being used to an outpatient substance abuse treatment facility for women and their young children. The regional partnership knew that in order to engage and retain these women who have limited or no transportation in treatment, they would need to open a facility that was easily accessible.*



### III. Progress To Date in Addressing Needs of Families and Achieving Goals of Safety, Permanence and Well-Being

Upon receiving grant funds, the 53 grantees implemented their partnerships and the various activities outlined in Section II, and engaged in extensive efforts to advance their collaborative interagency efforts to address the complex needs of families. For the semi-annual progress reporting period ending March 31, 2008, just six months after grantees received their initial funding under the program, more than half of grantees (55 percent or 29 grantees) reported serving 774 adults and 1,054 children, representing 647 families. The number of children served in out-of-home care versus in-home care was equal. Approximately half of these grantees (51 percent) reported providing treatment services to 540 adult clients, while one-fourth (25 percent) of grantees provided treatment services to 137 children. By September 15, 2008, the number of grantees providing services increased to a total of 51 grantees (96 percent).

*When viewed in the context of the environmental and other community challenges facing the grantees, their collective progress in launching their programs is noteworthy.*

Thus far, grantees have focused on forming and strengthening their partnerships during this initial period to better serve families in these multiple systems. They have undertaken cross-systems efforts to hire and train staff and develop formal interagency policies and procedures to identify and refer clients.

A review of grantees' first Semi-Annual Progress Reports (covering the period September 30, 2007 to March 31, 2008) and the After-Action Site Visit Reports (described further on page 40), as well as feedback gained from sessions at the July 2008 Annual Grantee Meeting, identified four common areas of implementation successes and challenges faced by grantees, which are discussed in this section:

- Undertaking project staffing and training
- Establishing and expanding collaborative relationships
- Working collaboratively to implement projects
- Addressing larger systems issues and external events

#### RPG Project Staffing and Training

The grantees' first program year focused on essential start up activities; chief among these was hiring and training staff. For some grantees, securing qualified and experienced staff at the management and front-line direct service levels went smoothly, while others faced significant challenges related to early staff turnover and adjustments, changes in Project Directors and difficulty in finding skilled staff to fill key clinical positions, especially in some rural areas. Grantees have resolved the majority of these issues.

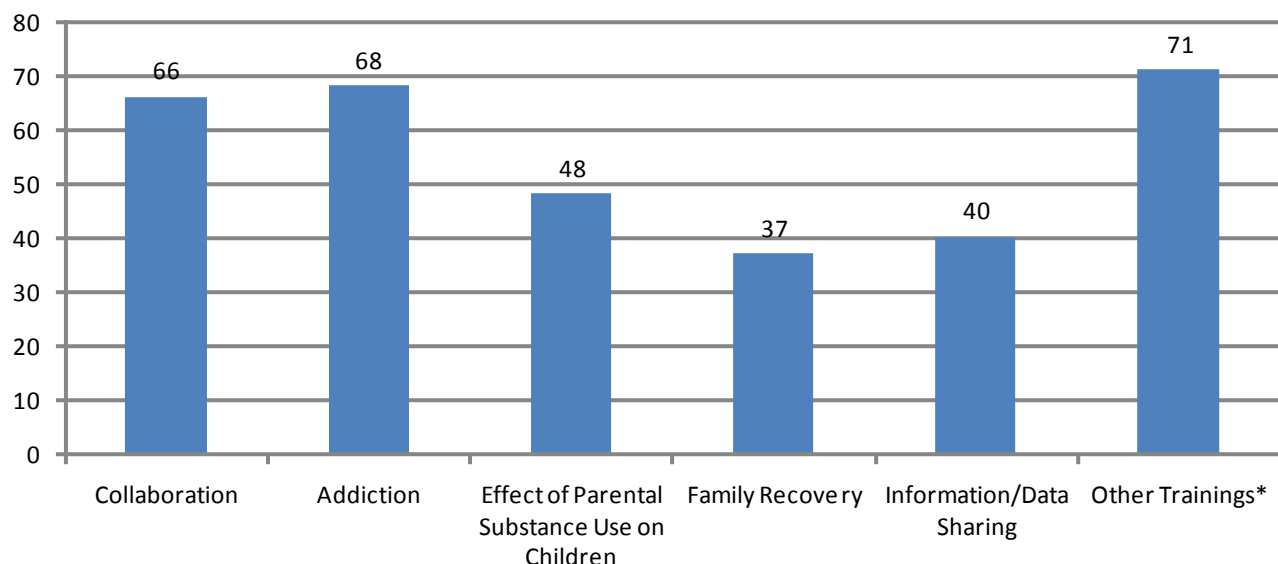
*In the first six months, 38 grantees provided 323 trainings to more than 3,500 regional partnership project staff.*

Training also was a central focus during grantees' start-up period. During the period September 30, 2007 to March 31, 2008, close to three-fourths (72 percent or 38 grantees) reported in their first Semi-Annual Progress Report that they had either conducted or participated in training activities. Together, these 38 grantees provided 323 trainings to more

than 3,500 child welfare, substance abuse treatment, court and other project staff. Most of this training was conducted to help child welfare staff understand addiction and treatment issues, and to help substance abuse staff understand child safety and family well-being issues.

As Figure 7 shows, the majority of the 38 grantees indicated in their Semi-Annual Progress Reports that they provided trainings focused on collaboration (66 percent) and general addiction issues (68 percent). Nearly half (48 percent) provided training on the effect of parental substance abuse on children and 37 percent provided training on recovery for families affected by substance abuse. Seventy-one percent provided trainings on a variety of other topics, including HIV/Hepatitis, Medicaid data reporting, Drug Courts, assessment tools, evaluation instruments, childhood trauma and treatment planning. In addition, 40 percent of grantees provided training on information and data sharing.

**Figure 7: Percentage of Grantees Providing Trainings that Focused on Given Topic Area**  
(N=38 grantees that reported providing trainings during the September 30, 2007 – March 31, 2008 reporting period; percentages do not add to 100 because a grantee could provide multiple types of trainings)



\* Other trainings included topics such as HIV/Hepatitis, Drug Courts, treatment planning, childhood trauma, assessment tools, evaluation instruments and Medicaid data reporting.

### Establishing or Expanding Collaborative Relationships

Most grantees had existing collaborative relationships with their partners and/or strong leadership from the lead agencies, which served to advance their project's collaborative efforts. These grantees have worked to enhance communication among stakeholders, examine resources and opportunities for additional collaboration, and improve their ability to access key individuals and resolve issues immediately. Those that did not have established relationships prior to the grant award experienced more problems and challenges related to collaboration. Collaboration was a major focus for technical assistance provided during this period (see Section V).

Some grantees, whether establishing a new partnership or expanding on existing collaborative efforts, expressed concern that key partners are not yet sufficiently engaged.

The active engagement of the courts, in particular, plays a critical role in program advocacy and sustainability. For example, the Superior Court judges involved in one regional partnership created a standing order to enable partner agencies to meet as a team and discuss cases. Additional technical assistance will be provided in this area of collaborative practice.

*During the first six months, one-third of grantees further expanded their pre-existing partnerships by engaging new partners.*

Still, a number of grantees expanded and strengthened their partnerships by bringing on a wider array of agencies than included in their applications to support their work and expand services available to families. Approximately one-third of grantees (32 percent or 17 grantees) reported that they had added a total of 122 new partners (an average of seven per grantee) during the first six months. Eleven of the 17 grantees that added new partners reported developing new Memorandums of Understanding (MOUs) or other written agreements with these new partners.

In the first several months, grantees established various oversight and feedback structures in the form of steering committees, advisory boards and topical workgroups. Such structures serve many purposes: they ensure participation from diverse stakeholders and investment of key decision-makers, promote continuity of purpose and philosophy, provide a forum for identifying and resolving programmatic and systemic challenges, facilitate the development of policy and procedures for service delivery and evaluation, and help leverage existing program and services in the community.

*Grantee strategies to ensure community feedback include, for example, implementing an Oversight Council comprised of community members and program graduates to identify and address gaps in the system.*

For programs that serve a relatively large geographic area and span multiple counties or regions, bringing together multiple communities and, in some cases, multiple counties, has proven to be a major logistical challenge. The web-based meeting technologies that HHS has made available to grantees are helping address these communication challenges.

In these initial months, grantees also developed project websites for internal and external use, and created brochures and logos to familiarize partners and advertise available services in the community. In addition to building broad-based awareness of and support for the project, a primary goal of these strategies is to promote client referrals to program services. In one site, for example, local television news organizations have taken an active role in working with program staff to identify strategies and create public service announcements for the recruitment of foster parents. The community support garnered through these activities provides an important foundation in grantees efforts to develop program sustainability.

### **Working Collaboratively to Implement Projects**

With basic start-up of their partnerships underway, grantees began moving to challenging phases of interagency collaboration within their RPG program to address underlying barriers and work together effectively as a group to develop a shared vision of responsibility and accountability. This required learning about each other's systems (through formal or informal methods) and developing MOUs or other agreements to define partners' roles and responsibilities and avoid duplication of effort. One approach used by a multi-county grantee was to engage in what they term a Business Process Mapping with each

participating county in which they brought together staff from substance abuse, child welfare, courts and allied agencies to discuss each county's business processes and referral, treatment and discharge practices.

In preparation for the site visits, each partnership completed the Collaborative Capacity Instrument (CCI), a self-assessment tool used by State or local substance abuse and child welfare service agencies and dependency courts that are seeking to strengthen an existing collaborative relationship and their capacity to provide comprehensive services to, and improve outcomes for children and families.<sup>12</sup> The self-assessment results were discussed on site to help identify strengths and opportunities to improve grantees' collaborative practices. Despite challenges, the sites have shown a sustained willingness to be creative and work together to devise innovative programs and change practices, recognizing that this is required to improve outcomes for children and families.

Some sites are actively working to link their efforts to other collaborative initiatives, such as the Drug Endangered Children (DEC) coalitions and the SAMHSA Access to Recovery (ATR) substance abuse treatment grants, that may exist in their regions or States. Grantees recognize the importance of knowing other community agencies that interact with RPG clients and connecting with these and other initiatives to increase support services available to RPG clients, facilitate mutual program referrals (as appropriate), leverage available resources and facilitate improved practice and policy changes to better serve these children and families.

During this project implementation phase, grantees have made progress in instituting various cross-systems protocols (e.g., common assessment forms, standardized referral process) to serve families through a more integrated and coordinated system of care. In several sites, a comprehensive review of ongoing client needs resulted in modifications to the original program design or target population, such as expanding services to include fathers and developing a Mentor Dad program to complement an existing Mentor Mom program as a way to more effectively support the whole family, and creating a new mental health position to respond to clients' unmet needs.

*Grantees are connecting with other community agencies and initiatives that interact with RPG clients to leverage available resources. For example, the four RPG sites in Colorado were selected by the Colorado DEC Alliance to be part of its group of 12 Learning Sites. The DEC Alliance seeks to understand what services the 12 Learning Sites are providing and the effectiveness of those services. By providing a comprehensive definition of the sites and their progress, the Colorado DEC Alliance hopes to help the sites become more sustainable. The DEC Alliance plans to compile this information into case studies and share it with others.*

---

<sup>12</sup> The CCI was developed by Children and Family Futures and measures 10 domains of collaborative practice. The instrument has been tested for reliability and internal consistency for measuring improvements in these practices over time (Drabble, L., Pathways to collaboration: Exploring values and collaborative practice between child welfare and substance abuse treatment fields. *Child Maltreatment*, 2007; 12:31-42). To date, the HHS-funded National Center on Substance Abuse and Child Welfare has used the CCI with more than 330 sites at the State, County and/or local level.

#### IV. Development of the RPG Performance Indicators and RPG Data Collection and Reporting System

As already described, the authorizing legislation for the RPG Program required that HHS establish a set of performance indicators through a consultative process to periodically assess the grantees' outcomes. This section outlines the consultative process HHS employed to finalize the indicators and develop an accompanying customized and centralized RPG Data Collection and Reporting System for grantees to submit their data to HHS. It also highlights the grantees' progress and challenges in implementing the performance indicators and their evaluations.

##### ***Key Activities in the Consultative Indicator Development Process***

- *Convened a multi-agency Federal Workgroup to draft a preliminary set of performance indicators for inclusion in the Program Announcement; requested feedback from grant applicants.*
- *Reviewed related data collection and outcome monitoring systems used by the Children's Bureau and SAMHSA to identify commonalities and differences with the draft RPG performance indicators.*
- *Held intensive facilitated discussions with grantees at the RPG Kick-off Meeting to develop preliminary consensus on the indicators.*
- *Released Final Indicators report to grantees and convened a Performance Indicators Webinar with list of refined performance indicators and their operational definitions.*
- *Developed a RPG Data Dictionary with comprehensive specifications for each indicator definition.*
- *Worked closely with each grantee to finalize their grantee-specific list of indicators that align with their stated program's activities, goals and intended outcomes.*

##### **Overview of the Consultative Process and Development of the Final Indicators**

The legislation stated that the performance indicators must be developed through a consultative process, no later than nine months from the date the law was enacted. HHS used the grant Program Announcement as a means for initial consultation. In developing the Program Announcement, a multi-agency Federal Workgroup involving partners from several Federal agencies including the Children's Bureau, SAMHSA, the ACF Office of Planning, Research and Evaluation (OPRE), the HHS Office of the Assistant Secretary for Planning and Evaluation (ASPE) and the HHS Office of the Assistant Secretary for Financial Resources (ASFR) was established. A result of early deliberations by this group was the creation of a smaller subgroup to review existing relevant performance indicator systems, determine which of these are currently accessible to grantees, and draft a preliminary set of performance indicators and a conceptual framework (i.e., logic model) grantees could use to show the connection between their project's inputs, activities, outputs, short-term intermediate outcomes and long-term outcomes. This work was presented to and refined by the larger Workgroup.

The preliminary set of indicators developed by the Federal Workgroup addressed grantee outcomes in four major domains: Children/Youth, Adult, Family/Relationship and Regional Partnership/Service Capacity. The proposed indicators were included in the Program Announcement. HHS instructed applicants to select indicators from the list that were relevant to their proposed grant-funded activities and invited applicants to provide feedback on and revisions to the indicators. This first step in the consultative process sought direct feedback from the applicants whose services and activities would be monitored by the performance indicators.

Though not required, more than three-fourths (76 percent) of the successful applicants included in their proposals a logic model detailing how their proposed project's services and activities would lead to improved intermediate outcomes for children, adults, families and the partnership's service capacity levels, and the long-term goals of child safety, permanency and well-being.

To ensure consistency with other already-established Federal child welfare and substance abuse treatment monitoring and data systems, HHS completed a crosswalk highlighting the commonalities and differences between the draft RPG performance indicators and related data collection and outcome monitoring systems used by the Children's Bureau and SAMHSA. Specific systems reviewed included:

- The Children's Bureau's Child and Family Services Review (CFSR), Adoption and Foster Care Analysis and Reporting System (AFCARS), and National Child Abuse and Neglect Data System (NCANDS); and
- SAMHSA's Government Performance Reporting Act (GPRA) discretionary grantee performance monitoring system, Treatment Episode Data Set System (TEDS), National Survey of Substance Abuse Treatment Service (N-SSATS) and National Outcome Measures (NOMs).

This effort ensured that the RPG indicators would be linked to these other pre-existent systems whenever possible, allowing comparisons over time and reducing the data collection burden for grantees.

The consultative process continued with the two-day Grantee Kick-off Meeting (November 27-28, 2007), which enabled HHS and the grantees to reach a preliminary consensus on a draft set of RPG performance indicators. HHS held a Performance Indicators Webinar three weeks prior to Kick-off Meeting to prepare grantees for the planned performance indicator activities that would occur. The Kick-off Meeting, which 225 RPG staff (project directors, evaluators, other key project staff) attended, provided a forum to:

- Review the grantees' performance indicators selected in their applications, and highlight selected areas of grantees' evaluation plans and grantees' capacity to collect and report the data;
- Hold intensive facilitated discussions on whether grantees would be collecting each indicator, how each indicator is defined and should be measured, and grantees' capacity to collect and report the data;
- Allow grantees to express any major concerns or issues regarding collection or definitions of the indicators;

- Convene a project evaluators' meeting to discuss emerging evaluation issues and challenges, such as obtaining Institutional Review Board (IRB) approval, selection of appropriate data collection tools and instruments and use of comparison/control groups; and
- Provide an overview of available technical assistance and training resources for RPGs.

Feedback and recommendations from the Kick-off Meeting and subsequent grantee cluster calls (see Section V for explanation of the clusters) helped refine the performance indicators, operationalize their definitions, and identify specific data elements needed to report each performance indicator. In January 2008, the *Regional Partnership Grantee Performance Measurement System Final Set of Indicators and Draft Data Collection and Reporting System Design* (Final Indicators Report) was released to grantees with the final 23 performance indicators presented in Table 2.

Table 2: RPG Performance Indicators	
	Child/Youth
C1.	<b>Children remain at home:</b> Percentage of children identified as at risk of removal from the home who are able to remain in the custody of a parent or caregiver through RPG case closure
C2.	<b>Occurrence of child maltreatment:</b> Percentage of children who had an initial occurrence and/or recurrence of substantiated/indicated child maltreatment after enrolling in the RPG program
C3.	<b>Average length of stay in foster care:</b> For children discharged from foster care, their average length of stay (in days) from date of most recent entry into such care until date of discharge
C4.	<b>Re-entries to foster care placement:</b> Percentage of children returned home from foster care that re-entered foster care in less than 6, 12, 18 and 24 months
C5.	<b>Timeliness of reunification:</b> Percentage of children who were reunified in less than 12 months from the date of the most recent entry into foster care
C6.	<b>Timeliness of permanency:</b> Of children placed in foster care, percentage of children who, in less than 24 months from the date of the most recent foster care placement, achieved a) a finalized adoption or b) legal guardianship
C7.	<b>Prevention of substance-exposed newborns:</b> Percentage of pregnant women who had a substance exposed newborn (first or subsequent), as detected at birth
C8.	<b>Children connected to supportive services:</b> Percentage of children who were assessed for and received the following supportive services: developmental services, mental health or counseling, primary pediatric care, substance abuse prevention and education, substance abuse treatment, educational services, and other supportive services
C9.	<b>Improved child well-being:</b> Percentage of children who show an increase in socio-emotional, behavioral, developmental and/or cognitive functioning
	Adult
A1.	<b>Access to treatment:</b> Percentage of parents or caregivers who were able to access timely and appropriate substance abuse treatment; number of days between program entry and treatment entry
A2.	<b>Retention in substance abuse treatment:</b> Percentage of parents or caregivers referred to substance abuse treatment who remained until treatment completion (as defined by TEDS); average length of stay in treatment for referred parents or caregivers

Table 2: RPG Performance Indicators	
A3.	<b>Substance use:</b> Percentage of parents or caregivers in substance abuse treatment who report a reduction in substance use (as measured by number of days of use in past 30 days at treatment intake and discharge)
A4.	<b>Parents or caregivers connected to supportive services:</b> Percentage of parents or caregivers who were assessed for and received supportive services that include a) primary medical care, b) dental care, c) mental health, d) child care, e) transportation, f) housing assistance, g) parenting training/child development education, h) domestic violence services, i) employment/vocational education or training, j) continuing care/recovery support services, and k) other supportive services
A5.	<b>Employment:</b> Percentage of parents or caregivers participating in substance abuse treatment who are a) employed full time, b) employed part time, and c) currently enrolled in an educational or vocational training program
A6.	<b>Criminal behavior:</b> Percentage of parents or caregivers who show a decrease in criminal behavior
A7.	<b>Mental health status:</b> Percentage of parents or caregivers who show an improvement in mental health functioning
<b>Family/Relationship</b>	
F1.	<b>Parenting:</b> Percentage of parents or caregivers who demonstrate increased parental capacity to provide for their children's needs and family's well-being
F2.	<b>Family relationships and functioning:</b> Percentage of parents or caregivers who show improved parent-child and other family interactions
F3.	<b>Risk/protective factors:</b> Percentage of parents or caregivers who show a decrease in risk factors associated with reasons for service and/or an increase in protective factors to prevent child maltreatment
F4.	<b>Coordinated case management:</b> Percentage of families that receive appropriate, coordinated case management services: a) percentage of families that report active involvement in various aspects of the case planning process, including identifying strengths, needs, and needed services, and establishing and evaluating progress toward goals, b) percentage of families who received joint case management services coordinated between a substance abuse treatment provider and a child welfare agency (i.e., a single case plan coordinated across systems), and c) percentage of families receiving joint case management services who received a cross-agency assessment conference every 90 days or less
F5.	<b>Substance abuse education and training for foster care parents and other substitute caregivers:</b> Among homes where children have been placed in foster care, percentage of children's foster parents or substitute caregivers who received education and training about a) addiction and substance abuse treatment, b) special needs of children who have suffered from maltreatment and whose parents have a substance use disorder, and c) family recovery issues
<b>Regional Partnership/Service Capacity</b>	
R1.	<b>Collaborative capacity:</b> Regions have new or increased ability to address parental or caregiver substance abuse and its effect on children, as measured by increased cross-systems understanding and collaborative activities
R2.	<b>Capacity to serve families:</b> Regions have new or increased capacity to serve families in which a parent or caregiver has an identified substance use disorder and there is current or potential involvement with the child welfare system: a) percentage of regional partnership member agencies that increased the number of appropriate treatment programs for the targeted region; b) among those partner agencies, increase in the number or percentage of families served or the number or percentage of treatment slots available in the targeted region



In conjunction with the release of the Final Indicators Report, a Performance Indicators Webinar was held with 132 grantee representatives on January 31, 2008 to present the final set of performance indicators, explain the approach to selecting the final indicators, identify next steps, and answer grantees' questions about the suggested indicator definitions and data elements.

In follow up to the Final Indicators Report and Webinar, HHS developed a detailed RPG Data Dictionary to facilitate grantees' data collection and reporting of the final indicators to the RPG Data System. The Data Dictionary:

- Includes comprehensive specifications for the indicator definitions
- Provides a more detailed explanation of the specific data elements needed to operationalize each indicator, including definitions, acceptable categories and coding structure, and guidelines for collecting and reporting the data
- Explains how each of the 23 indicators will be calculated using the designated data elements

To minimize grantee data collection and reporting burden, HHS sought to identify and use data elements already being collected by counties and States and submitted to the major Federal data and outcome reporting systems such as AFCARS, NCANDS, TEDS and NOMs. Most of the required child welfare data elements can be found in a State's automated case management system, which is often a Federally-supported Statewide Automated Child Welfare Information System (SACWIS). For selected indicators in which standardized data elements to measure these concepts do not exist in current State and county-level child welfare and substance abuse treatment data systems, HHS is working with grantees to finalize their selection of a standardized tool or instrument that is appropriate for their specific programmatic approach and target population being served.<sup>13</sup>

### **Selection of Grantee-Specific Final Indicators**

Grantees will collect and report on all indicators that align in a logic model with their stated program's activities, goals and intended outcomes.<sup>14</sup> Grantees may include additional indicators beyond those recommended as part of their Semi-Annual Progress Report<sup>15</sup>

---

<sup>13</sup> For five of the performance indicators (*C9. Improved Child Well-being, A7. Adult Mental Health Status, F1. Parenting, F2. Family Functioning and Relationships, and F3. Risk/Protective Factors*), data collected by grantees will be defined according to the appropriate standardized tool or instrument they have selected for their target population(s) and program model; therefore, specific data elements may vary across grantees. However, in cases where multiple grantees are using the same instrument, they will submit those data in the same format.

<sup>14</sup> While it may be expected that all grantees would be measuring all indicators, the variance in program-specific strategies require flexibility in which specific indicators are collected by each grantee. For example, some grantees' program strategies may target adults, while others are focused specifically on child-centered interventions.

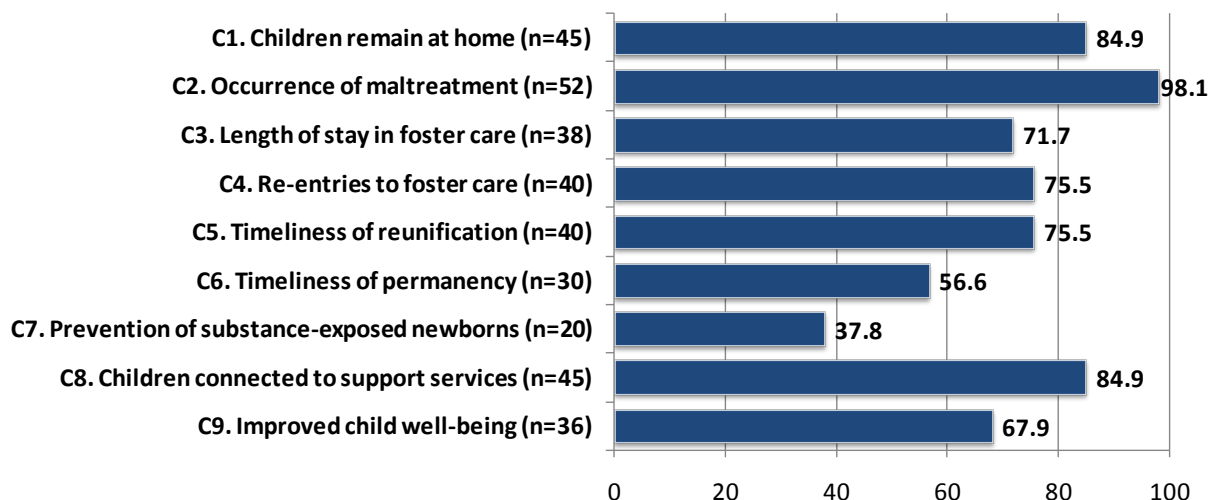
<sup>15</sup> The Grantee Semi-Annual Progress Report includes grantee updates on project implementation including key activities related to process and outcome evaluation; contextual events or community changes impacting the project; evaluation activities during past six months including challenges or barriers; technical assistance needs and technical assistance received; and activities planned during next reporting period. Grantee Semi-Annual Progress Reports are due April 30 (covering the period September 30 to March 31) and October 31 (covering the period April 1 to September 29) of each year.

and/or local evaluation. During February-March, 2008, HHS worked with grantees to finalize their grantee-specific indicators. The figures below highlight the number of grantees that will report on each of the 23 RPG performance indicators.

### Child/Youth Indicators

All 53 grantees chose at least one of the nine indicators in the Child/Youth domain, and as Figure 8 shows, the majority of grantees will collect and report on nearly all of the child indicators. Approximately 85 percent will report on indicator C8 whether children are connected to core support services (e.g., developmental services, mental health and counseling, primary pediatric care, substance abuse prevention, education and treatment, and educational services). More than two-thirds (68 percent) will report on whether children show an increase in socio-emotional, behavioral, developmental and/or cognitive functioning (C9). Not every grantee will report on every indicator; grantees only report on those consistent with their program activities, goals and intended outcomes. For example, C7. Prevention of substance-exposed newborns, is an indicator that does not fit with every grantee's programmatic approach. At present, 38 percent will report on this indicator.

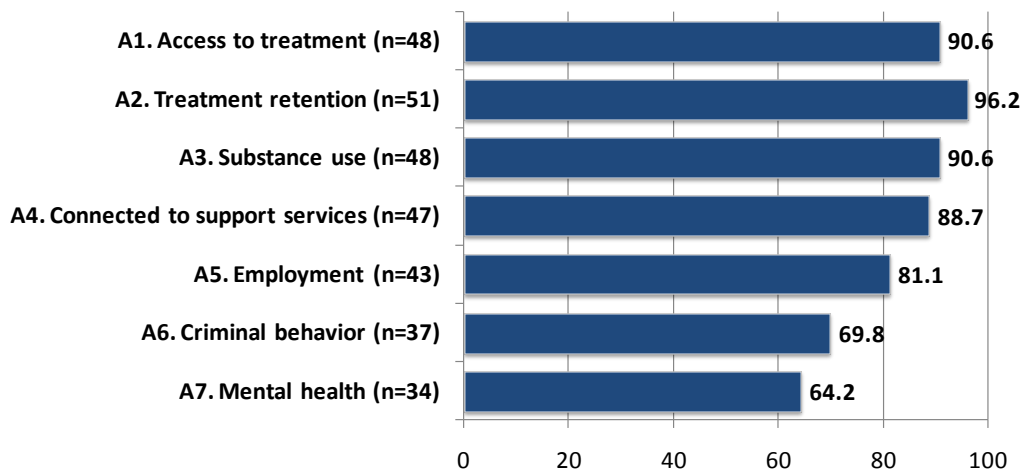
**Figure 8: Child/Youth Indicators Selected by the 53 Grantees**  
(Percentage Selecting Given Indicator)



### Adult Indicators

All 53 grantees also will be collecting and reporting on at least one of the seven Adult indicators. As Figure 9 shows, the vast majority of grantees (91 percent or more) will report on the set of adult indicators related to timely access to treatment, how long the parent/caregiver stays in treatment (treatment retention) and whether they complete treatment, and whether the parent/caregiver achieves a decrease in their substance abuse (A1-A3). Nearly all grantees (89 percent) also will report on whether the parent/caregiver received essential support services to help facilitate treatment and recovery. A majority of grantees also will report on changes in the parent/caregiver's employment status, reductions in criminal behavior and improvements in mental health functioning – all of which impact an individual's capacity to ensure the well-being of their children and family.

**Figure 9: Adult Indicators Selected by the 53 Grantees**  
(Percentage Selecting Given Indicator)

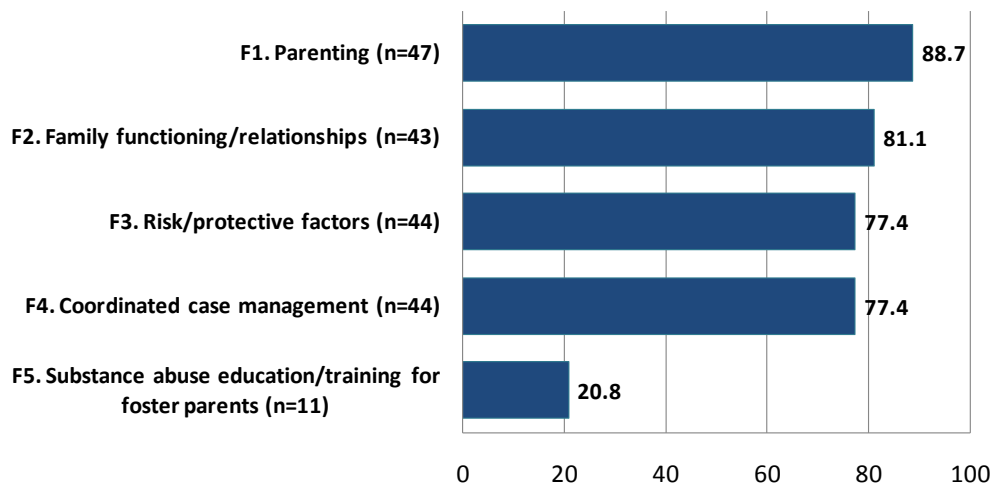


#### Family/Relationship Indicators

All but two of the 53 grantees indicated they would collect and report on at least one of the five Family/Relationship indicators. In contrast to the other RPG performance indicators, several of the indicators in this domain – i.e., parenting capacity, family functioning and relationships, and presence of risk and/or protective factors – pose special data collection and measurement challenges because current data systems in State and county-level child welfare and substance abuse treatment systems do not include standardized data elements to measure these concepts. Rather, grantees will measure these indicators using a standardized instrument that is appropriate to their target population and program model.

Still, as Figure 10 shows, the majority of grantees (89 percent) plan to track whether parents/caregivers show increased parental capacity to provide for their children's needs and family's well-being. Approximately three-fourths of all grantees also will report on the percentage of parents/caregivers who show improved parent-child and other family interactions (81 percent) and parents/caregivers who show a decrease in risk factors associated with reasons for service and/or an increase in protective factors to prevent child maltreatment (78 percent).

**Figure 10: Family/Relationship Indicators Selected by the 53 Grantees**  
(Percentage Selecting Given Indicator)



### Regional Partnership/Service Capacity Indicators

All 53 grantees will report on their partnership's ability to address parental or caregiver substance abuse and its effect on children, as measured by increased cross-systems understanding and collaborative activities (R1. Collaborative capacity). In addition, 81 percent of grantees plan to report on their region's increased capacity to serve families in which a parent or caregiver has an identified substance abuse disorder and there is current or potential involvement with the child welfare system. This second indicator (R2. Capacity to serve families) will be measured specifically by an increase in number of appropriate treatment programs, number of families served and/or number of available treatment slots in the targeted region.

### **Development of RPG Data Collection and Reporting System**

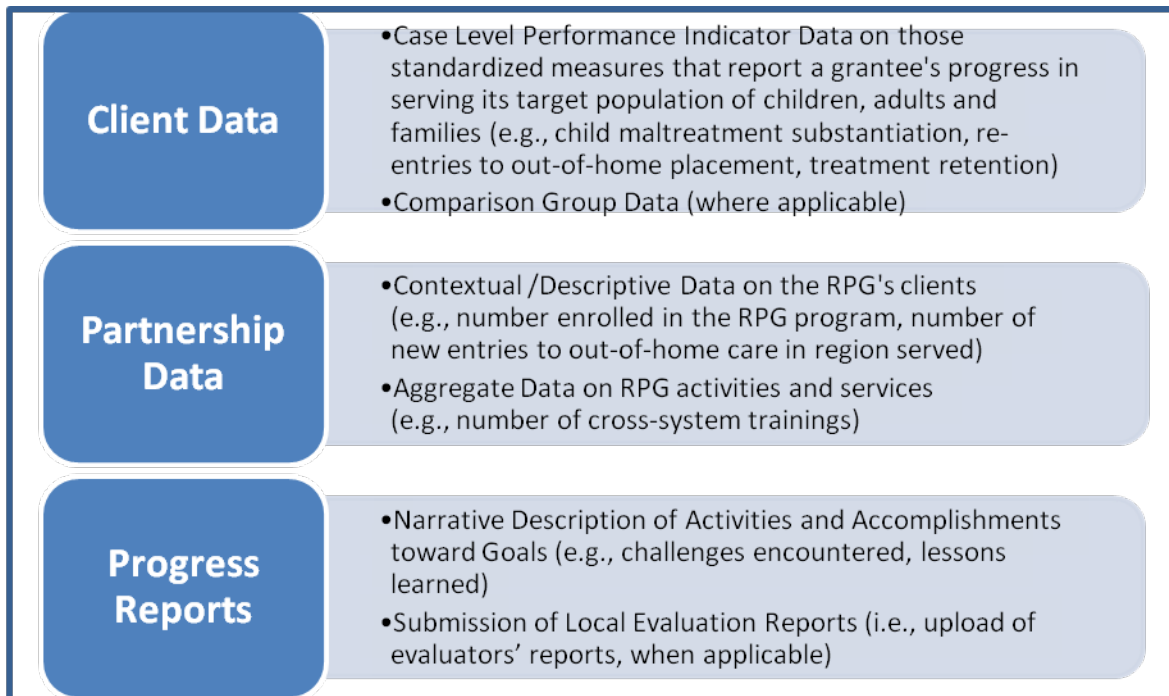
#### ***Key Activities in Developing the RPG Data System***

- *Established the Collaborative Project Management communication system.*
- *Developed the initial RPG Data System design and conceptual framework.*
- *Convened a Data System Workgroup with grantee volunteers to provide feedback on design and further development.*
- *Introduced grantees to working prototype of Data System and provided related technical assistance.*
- *Assisted grantees with development of local project database to collect performance indicator data.*

Major activities conducted through July 31, 2008 to develop a customized, user-friendly data collection and reporting system that can accommodate changing grantee needs over time and variability in grantees' data collection capabilities included:

- *Establishing the Collaborative Project Management communication system.* The Collaborative Project Management system was developed to provide a central Web location for RPG communication among HHS, support contract staff and the grantees, and to promote sharing of information and resources among the 53 grantees. Its cross-cutting functions (e.g., it maintains an extensive topical file library, includes all meeting presentations and materials, allows grantees to use web-based meeting technologies) provide the innovative technology needed to support a learning community with peer-to-peer networking and sharing. More than 500 individuals are registered users and take advantage of its various features. The RPG Data System and TA Tracker are both housed within the larger RPG Collaborative Project Management system.
- *Developing an initial RPG Data System design and conceptual framework.* The RPG Data System must be a relational data system that can link children and adults together as a family unit and follow families over the course of the grant project. Bringing together child welfare and substance abuse data for analysis of child- and adult-focused outcomes is a major advancement over existing child welfare and substance abuse reporting systems, which operate and function independently of one another. Figure 11 illustrates the conceptual framework for the RPG Data System.

**Figure 11: RPG Data System Conceptual Framework**



- *Convening a Data System Workgroup.* A voluntary Workgroup of 15 grantees from all six clusters (see Section V for explanation of the grantee clusters) was created to gain structured input on the data system design and working prototype, pilot test the system prior to implementation in September 2008, review and provide feedback on the RPG Data Dictionary, and serve as a sounding board for other related data system issues. The Workgroup held bi-weekly meetings during early 2008, up to the July 2008 Annual Grantee Meeting.
- *Introducing a working prototype to grantees and providing data system technical assistance.* To ensure grantees have the expertise needed to use a standardized format (Extensible Markup Language or XML) for data preparation and submission, a series of introductory and advanced technical assistance sessions were provided to approximately 150 individuals from 39 grantee projects in June, 2008. In addition, approximately 40 one-on-one, in-person technical assistance sessions were provided at the July 2008 Annual Grantee Meeting; these were supplemented by plenary and workshop sessions on various data collection and reporting issues.
- *Assisting grantees with the development of a local project database.* The RPG Data System was not originally intended to serve as a comprehensive management information system in which an individual grantee can enter unlimited programmatic and administrative data of interest or relevance and use it to manage their client caseload. However, the use of the XML Schema allows HHS to assist grantees with setting up a customized Access database. Technical assistance is being provided to those grantees that wish to develop and customize an Access relational database for their local use.

The RPG Data System has been field tested by volunteer grantee beta testers and modified based on grantee feedback. In program year two, the RPG Data System will be implemented and grantees will submit a data file every six months (by June 15 and December 15 of each year) with the required data elements for their grantee-specific indicators. Grantees will receive ongoing technical assistance to assist them with data collection and reporting issues that emerge.

### Grantee Performance Indicator and Evaluation Implementation Progress

During this first year, HHS has worked closely with all 53 grantees to understand fully not only their program strategies and activities, but also their evaluation plans. The complexity of examining client outcomes across systems required grantees to spend a significant amount of time and resources to define key indicators, data collection sources and methods, and other tasks associated with program evaluation. Despite this complexity, grantees made progress in several key implementation areas highlighted below.

*“The key lesson learned is the significant amount of time and technical assistance required to coordinate the performance indicators and reporting mechanisms for programs that are greatly different in scope of activities, resources and scale of service area.”*

Grantee Comment

- *Securing an evaluation team.* All 53 grantees have an experienced evaluator and/or evaluation team on board that can successfully carry out the RPG data collection, reporting and evaluation requirements. The collective breadth and depth of the project evaluators and their commitment to ensuring that the larger RPG Program produces meaningful outcome information will help inform other communities’ efforts to serve families in the child welfare system affected by substance abuse disorders. The evaluators are interested in working with each other and sharing information from across the 53 sites to advance best practices.
- *Developing a local data collection system.* While the RPG Data System serves as the global repository of all grantees’ indicator data, each grantee must still develop their own local project database/management information system to collect both process and outcome evaluation information, and to integrate data from the child welfare and substance abuse treatment data sources. Many grantees have developed, or are in the process of developing their own systems, some of which include web-based screening and assessments.
- *Implementing a comparison or control group.* In their original funding applications, 40 of the 53 grantees indicated they planned to use a comparison/control group to evaluate their program. Many are implementing their research design as planned; however, others are encountering some challenges in selecting an appropriate and feasible comparison/control group that will help them fully assess specific aspects of their program. HHS will continue to work with grantees and provide technical assistance in this area.
- *Developing relationships and protocols to share data across systems.* Many grantees have already established cross-system data sharing policies and procedures with partners and developed a clear coordinated process for extracting data from existing county- or State-level child welfare and substance abuse treatment data systems. To do this, grantees have had to work through difficult

issues across systems such as lack of unique client identifiers, different software platforms and differing timeframes for compiling and releasing data. To help grantees address these challenges, HHS conducted a grantee Webinar, "Connecting the Dots: How States and Counties Have Used Existing Data Systems to Create Cross-System Linkages," in May 2008 that highlighted the experiences of sites who have learned how to leverage available data systems to extract and connect existing child welfare and substance abuse treatment data.

- *Developing and selecting data collection tools to measure certain indicators.* Grantees made significant progress in identifying the specific data collection tools and sources they will use to capture the needed data elements for their selected indicators. Some grantees experienced challenges with the performance indicators related to child well-being, parenting capacity and family functioning and are still working to determine which standardized tool or instrument is most appropriate for their target population(s) and program model, and is also feasible to implement with their available resources. HHS will provide technical assistance as needed in this area and encourage grantees to continue to share information with each other on available tools and instruments being used by grantees.

HHS will continue to provide technical assistance and support to grantees during their next phases of evaluation implementation, with an emphasis on the connection between outcomes and program sustainability. Specific topic areas will include defining a process evaluation component; training in statistical data analysis, interpretation and application; and training in performing a cost-benefit or cost-offset analysis.

## V. Implementation of the Legislation: HHS Program Development and Orientation Activities

This section provides a brief overview of the key activities HHS undertook to establish the infrastructure needed to implement the RPG Program according to the specifications and intent of the legislation, and to support grantees' long-term efforts to address the needs of children and families affected by methamphetamine and other substance abuse. The major phases of work are summarized in the graphic timeline below.

Timeline of Major RPG Program Phases of Work	
<b>Program Development</b>	
<b>September 28, 2006</b>	Child and Family Services Improvement Act Signed into Law, Authorizing RPG Program
<b>October to December 2006</b>	Federal Interagency Workgroup Convened to Develop RPG Program
<b>May 2007</b>	HHS Releases Program Announcement with Preliminary Set of Performance Indicators and Holds Pre-Application Conference Webinar
<b>July to September 2007</b>	HHS Review of Grantee Applications
<b>September 30, 2007</b>	HHS Announces 53 Regional Partnership Grant Awards HHS Announces Award of Support Contractor
<b>Performance Indicators &amp; Data System Development</b>	
<b>November 27-28, 2007</b>	RPG Grantee Kick-off Meeting to Reach Consensus on Performance Indicators
<b>October 2007 to January 2008</b>	Refinement and Operational Definitions of Performance Indicators
<b>January 2008</b>	HHS Finalizes RPG Performance Indicators and RPG Data System Conceptual Design Released
<b>February 2008</b>	Grantees Finalize Specific Indicators that Align with Their Programs
<b>February to June 2008</b>	RPG Data System Workgroup Convenes and Provides Input on RPG Data System Design and RPG Data Dictionary
<b>June 2008</b>	RPG Data Dictionary Finalized and Released to Grantees
<b>June to September 2008</b>	Provision of Technical Assistance and Training on Data Submission
<b>July 2008</b>	Working Prototype of RPG Data System Completed
<b>Program Implementation</b>	
<b>March 31, 2008</b>	More than 1,800 Children and Adults Representing Approximately 650 Families Enrolled in 29 RPG Programs
<b>March to June 2008</b>	53 In-Depth Grantee Site Visits Conducted
<b>July 1-2, 2008</b>	Grantee Annual Meeting with Introduction of RPG Data System and Provision of Related Technical Assistance
<b>September 15, 2008</b>	51 of 53 RPGs Providing Services to Children and Families



## Program Announcement Development and Grantee Selection

The legislation launching the new RPG Program was enacted on September 28, 2006. In October 2006, HHS began a broad consultative effort involving multiple Federal partners from Children's Bureau, SAMHSA, the ACF Office of Planning, Research and Evaluation (OPRE), the HHS Office of the Assistant Secretary for Planning and Evaluation (ASPE) and the HHS Office of the Assistant Secretary for Financial Resources (ASFR) to develop a Program Announcement responsive to the partnership, funding, application and other specifications included in the legislation. This Federal Interagency Workgroup then created two subcommittees to specifically focus on data collection systems and funding scenarios.

- **The Data Subcommittee** drafted a set of preliminary performance indicators and a conceptual framework (i.e., logic model) grantees could use to show the connection between their project's inputs, activities, outputs short-term intermediate outcomes and long-term outcomes, and
- **The Funding Subcommittee** devised an appropriate funding structure to capture different program options regarding annual grant amounts (\$500,000 or \$1,000,000) and duration (three or five years). Per the legislation, funding for the RPG Program is for the period FFY 2007 to 2011. With each year, there is a decrease in Federal funding and corresponding increase in the percentage of required grantee matching funds.

HHS posted the Program Announcement on Grants.gov on May 4, 2007 and held a Pre-Application Conference Webinar on May 22, 2007 to answer questions and assist applicants in developing effective applications.<sup>16</sup>

As discussed in Section IV, the legislation stated that the performance indicators must be developed through a consultative process, no later than nine months from the date the law was enacted. HHS used the grant Program Announcement, which contained the preliminary set of performance indicators developed by the Federal Workgroup, as a means for initial grantee consultation.

HHS received 134 applications by the July 3, 2007 deadline and established 16 multidisciplinary peer-review panels comprised of experts in the fields of child welfare, substance abuse and program evaluation and research to objectively evaluate the grant applications.

The applicants were reviewed based on the evaluation criteria published in the Program Announcement. In response to legislative requirements, greater weight was given and bonus points awarded to applications that identified and described the impact of methamphetamine abuse (alone or in combination with other substance abuse) on child welfare in their geographic region to be served and proposed services and activities to address methamphetamine abuse (alone or in combination with other substance abuse) in their targeted region.

On September 30, 2007, HHS awarded multi-year grants to 53 regional partnerships based in 29 States and including six Tribes. Table 1 in Section II provides a summary listing of the

---

<sup>16</sup> The Pre-Application Conference presentation and transcription are available on the Administration for Children and Families Website at [http://www.acf.hhs.gov/grants/grants\\_archive.html#cb\\_fy07](http://www.acf.hhs.gov/grants/grants_archive.html#cb_fy07).

53 grantees; Appendix B includes a more detailed listing, followed by brief abstracts of each grantee, organized by State.

### **Development of the RPG Support Contract and Selection of Contractor**

In September 2007, HHS awarded a Regional Partnership Grantee Support Contract (RPG SC) to the Center for Children and Family Futures (CCFF), which has managed the HHS-funded National Center on Substance Abuse and Child Welfare since 2001. The National Center on Substance Abuse and Child Welfare, which is co-funded by SAMHSA and ACF, develops knowledge and provides technical assistance to States and other agencies to advance cross-systems collaboration to improve outcomes for substance-affected families in the child welfare system. It is also tasked with providing programmatic training and technical assistance to the 53 grantees. CCFF has teamed with two subcontractors, Planning and Learning Technologies and Macro International to:

- Develop and maintain a grantee performance management system to track, report, and analyze the RPG performance indicators,
- Provide programmatic technical assistance and training on child welfare, substance abuse prevention, treatment and related services, cross-systems collaboration, funding and sustainability, and related issues,
- Provide evaluation-related technical assistance to the grantees on data collection and reporting process and outcome evaluation, and other related performance measurement issues,
- Produce various reports on grantees' activities and performance, and
- Engage in the process of knowledge building that supports transition of knowledge from grantees to the field to support the achievement of safety, permanency and well-being.

### **HHS Program Oversight and Support of the 53 Grantees**

*"The facilitated communication and networking by the Children's Bureau has been highly productive in terms of sharing solutions and formal processes with respect to both program and evaluation implementation."*

Tribal Cluster Grantee

To effectively communicate with and manage a diverse group of 53 grantees, HHS assigned the grantees into six clusters: Tribal grantees (6), projects with a primary focus on Drug Courts (10), Child Focused programs (8), Treatment Focused programs (9), programs with an Array of Services (11), and those targeted on System-wide Collaboration (9). Although grantees are assigned to a specific cluster, many of their programmatic efforts cut across clusters

(e.g., a grantee assigned to the treatment cluster may also be a community partner that is implementing a drug court); HHS thus provides grantees with opportunities to network and collaborate across all 53 projects.

HHS assigned each of the six grantee clusters a team of two federal project officers and a grants management specialist from the Children's Bureau and a performance management liaison from the RPG support contract team. The federal project officers, grants management specialists and performance management liaisons work together to:

- Provide grantees with technical assistance on performance management and evaluation,
- Assist grantees with programmatic or technical aspects of their grants,
- Promote peer-to-peer problem solving, and
- Conduct overall monitoring of their project performance.

During March—June, 2008 the performance management liaisons conducted 1.5 day onsite visits with each of their grantees. The 53 site visits and individual After-Action summary reports completed by the performance management liaisons enabled HHS to gain a thorough understanding of each grantee's regional partnership and project, and the community context in which the project is being implemented and operating. The site visits provided important information regarding each grantee's:

- Target population and geographic area to be served,
- Programmatic and implementation strengths and challenges, including those related to the partnership's overall collaborative capacity and the services being provided to children and families,
- Evaluation design and data collection and reporting capabilities for their selected performance indicators, and
- Immediate and anticipated technical assistance needs, both programmatic and evaluation-related.

Targeted site visits will continue throughout the grant period to assist grantees with the ongoing implementation and evaluation of their projects.

### **General RPG Program Orientation**

HHS held two principal program orientation events: a Grantee Orientation Webinar held within the first 30 days of the funding awards and an in-person Grantee Kick-off Meeting held on November 27-28, 2007 in Arlington, Virginia. Through these events, grantees were

- Introduced to federal project and grants management staff, the RPG support contract project management team and each other,
- Briefed on the program's oversight and management structure and the respective roles and responsibilities of all involved,
- Oriented to the Collaborative Project Management system, a central Web location for RPG communication designed to facilitate coordination, technical assistance tracking, and sharing of information and resources among the multiple stakeholders involved in this multi-site, multi-year project, and
- Made aware of the programmatic and evaluation technical assistance available to support their interagency collaborative efforts.

## Technical Assistance Program

As noted above, HHS has created a support structure to ensure that grantees receive a comprehensive program of technical assistance to address their programmatic needs around cross-systems collaboration, funding issues and treatment approaches, as well as their evaluation needs around performance indicator measurement, data collection and reporting, evaluation plan development and refinement, cross-systems data linkages, and other related areas. Within HHS, the established partnership between the Children's Bureau and SAMHSA has ensured that technical assistance can draw upon the extensive body of experience from both child welfare and substance abuse treatment systems.

An online management system, Technical Assistance (TA) Tracker, was developed and implemented to effectively coordinate and monitor RPG technical assistance requests and identify emerging technical assistance trends. The discussion below focuses on programmatic technical assistance; evaluation- and information technology-related technical assistance was addressed in Section IV.

From October 1, 2007 to September 15, 2008, the 53 RPG sites made a total of 245 programmatic technical assistance requests (some sites made multiple TA requests) covering topics including general collaboration, funding and sustainability, drug testing, child development screening and assessments, interventions for children of substance abusers, social marketing, and cost analysis and cost-effectiveness. The majority of requests were for basic information and resources or brief expert consultations (73 percent); in many cases, these needs were met by distributing existing technical assistance materials from the National Center on Substance Abuse and Child Welfare. A smaller portion (27 percent) requested more intensive assistance, such as more extensive expert consultation, workgroup facilitation, conference presentations or training sessions.

During this first year, collaboration was one of the more significant areas in which grantees needed technical assistance. HHS convened a grantee Webinar, "Collaboration Challenges: Data, Shared Outcomes, and Choosing the Bridges," in April, 2008. The 81 participants learned about collaborative strategies to support program and funding sustainability; lessons from prior cross-systems collaboration between child welfare, substance abuse treatment and the courts; successful national/State models of cross-systems collaboration; and how joint outcomes can lead to sustainability.

The July 2008 Annual Grantee meeting, attended by 241 grantee participants representing all 53 grantees, built on the lessons of this Webinar to include a plenary presentation entitled *Failure by Fragmentation: The Top Ten Avoidable Mistakes of Collaboration*. This presentation highlighted the importance of establishing both a) shared outcomes and results-based accountability and b) strong personal and trusting relationships to promote collaborative problem-solving. One grantee commented that the plenary "was exactly what we needed for issues we are facing – 'normalized' our experiences and gave us direction." The plenary was followed by a panel presentation, *RPG Collaboration: View from the Field*, which featured three sites' experiences, lessons and insights regarding collaboration between child welfare, substance abuse treatment and the courts.

*"This has been very helpful to see that the fundamental point of our grant is to collaborate, to work together for a common goal. I underestimated how necessary it is to see our work from the perspectives of all the partners."*

Participant at July 2008 Annual Grantee Meeting

The RPG technical assistance program is developing further materials and assistance to address the pressing issues of funding and sustainability. Technical assistance and training for program year two will be designed specifically to address grantees' emerging questions such as how to leverage existing funding streams such as Medicaid, how to use outcomes data to make the case for sustaining services, and how to develop a sustainability plan.

## **VI. Conclusion**

Overall, grantees have made significant progress in meeting both their program and evaluation objectives in the first year. This new RPG grant program has the potential to achieve major progress in serving families in the child welfare system who are affected by substance abuse disorders. The selection of the 53 grantees, the strategies they are implementing, and the measurement of their program outcomes respond to the legislative intent “to provide through interagency collaboration and integration of programs and services, services and activities that are designed to increase the well-being of, improve permanency outcomes for, and enhance the safety of children who are in an out-of-home placement, or are at risk of being placed in an out-of-home placement as a result of a parent’s or caretaker’s methamphetamine or other substance abuse.”

The progress described in this first Annual Report in implementing the RPG Program demonstrates the commitment of both HHS and the grantees to fulfilling the expectations of the authorizing legislation. HHS will report on the continued progress of the 53 grantees in subsequent Reports to Congress, which will focus on an analysis of the 23 RPG performance indicators and highlights from the grantees’ local evaluations. The lessons learned from the RPG Program will inform the Administration and Congress about what works best for these children and families.

## APPENDIX A: Regional Partnership Grant Program Award Funding Structure

### Program Option 1. \$1,000,000 annual award for 3 years (Declining Federal award)

<b>Funding Instrument Type:</b>	Grant
<b>Anticipated Total Priority Area Funding:</b>	\$20,600,000
<b>Anticipated Number of Awards:</b>	1 to 8
<b>Ceiling on Amount of Individual Awards:</b>	\$2,575,000
<b>Floor on Amount of Individual Awards:</b>	\$2,575,000 per project period
<b>Average Projected Award Amount:</b>	\$2,575,000 per project period
<b>Length of Project Periods:</b>	36-month project period with three 12-month budget periods

Program Option 1					
Fiscal Year	Federal Share	Federal Award	Grantee Share	Grantee Match	Total Program Funds (Federal Award+ Grantee Match)
2007	85%	1,000,000	15%	176,000	1,176,000
2008	85%	825,000	15%	146,000	971,000
2009	80%	750,000	20%	188,000	938,000

### Program Option 2. \$1,000,000 annual award for 5 years (Declining Federal award)

<b>Anticipated Total Program Option 2 Funding:</b>	\$18,710,000
<b>Anticipated Number of Awards:</b>	1 to 5
<b>Ceiling on Amount of Individual Awards:</b>	\$3,742,000
<b>Floor on Amount of Individual Awards:</b>	\$3,742,000 per project period
<b>Average Projected Award Amount:</b>	\$3,742,000 per project period
<b>Length of Project Periods:</b>	60-month project period with five 12-month budget periods

Program Option 2					
Fiscal Year	Federal Share	Federal Award	Grantee Share	Grantee Match	Total Program Funds (Federal Award+ Grantee Match)
2007	85%	1,000,000	15%	176,000	1,176,000
2008	85%	825,000	15%	146,000	971,000
2009	80%	750,000	20%	188,000	938,000
2010	80%	667,000	20%	167,000	834,000
2011	75%	500,000	25%	167,000	667,000

**Program Option 3. \$500,000 annual award for 3 years**  
(Fixed Federal award)

**Anticipated Total Program Option 3 Funding:** \$15,000,000

**Anticipated Number of Awards:** 1 to 10

**Ceiling on Amount of Individual Awards:** \$1,500,000

**Floor on Amount of Individual Awards:** \$1,500,000 per project period

**Average Projected Award Amount:** \$1,500,000 per project period

**Length of Project Periods:** 36-month project period with three 12-month budget periods

Program Option 3					
Fiscal Year	Federal Share	Federal Award	Grantee Share	Grantee Match	Total Program Funds (Federal Award+ Grantee Match)
2007	85%	500,000	15%	88,000	588,000
2008	85%	500,000	15%	88,000	588,000
2009	80%	500,000	20%	125,000	625,000

**Program Option 4. \$500,000 annual award for 5 years**  
(Fixed Federal award)

**Anticipated Total Program Option 3 Funding:** \$75,000,000

**Anticipated Number of Awards:** 1 to 30

**Ceiling on Amount of Individual Awards:** \$2,500,000



**Floor on Amount of Individual Awards:** \$2,500,000 per project period

**Average Projected Award Amount:** \$2,500,000 per project period

**Length of Project Periods:** 60-month project period with five 12-month budget periods

<b>Program Option 4</b>					
<b>Fiscal Year</b>	<b>Federal Share</b>	<b>Federal Award</b>	<b>Grantee Share</b>	<b>Grantee Match</b>	<b>Total Program Funds (Federal Award+ Grantee Match)</b>
2007	85%	500,000	15%	88,000	588,000
2008	85%	500,000	15%	88,000	588,000
2009	80%	500,000	20%	125,000	625,000
2010	80%	500,000	20%	125,000	625,000
2011	75%	500,000	25%	167,000	667,000

**APPENDIX B:**  
**Listing of Regional Partnership Grants and Proposal Abstracts by State**

<b>Grantee Name (Lead Agency)</b>	<b>Grantee Cluster (Assigned by HHS)</b>	<b>Program Option<sup>1</sup></b>
<b>Alaska</b>		
Cook Inlet Tribal Council, Inc.	Tribal	5 years/\$500,000 annual
<b>Arizona</b>		
State of Arizona	Treatment Focused	3 years/\$500,000 annual
<b>California</b>		
Butte County Department of Employment and Social Services	System Wide Collaboration	3 years/\$500,000 annual
Center Point, Inc.	Child Focused	5 years/\$500,000 annual
County of San Diego, Health and Human Services Agency, Child Welfare Services	Treatment Focused	5 years/\$500,000 annual
County of Santa Clara, Social Services Agency	Child Focused	5 years/\$1,000,000 annual
County of Santa Cruz, Health Services Agency, Alcohol and Drug Program	Drug Court	5 years/\$500,000 annual
Mendocino County Health and Human Service Agency	Drug Court	5 years/\$500,000 annual
Sacramento Department of Health and Human Services	Drug Court	5 years/\$500,000 annual
SHIELDS for Families, Inc.	Treatment Focused	5 years/\$1,000,000 annual
WestCare California, Inc.	Child Focused	5 years/\$500,000 annual
<b>Colorado</b>		
Clarity Counseling P.C. <sup>2</sup>	Array of Services	5 years/\$500,000 annual
Connect Care, Inc.	Drug Court	5 years/\$500,000 annual
Denver Department of Human Services	System Wide Collaboration	3 years/\$1,000,000 annual
Island Grove Regional Treatment Center, Inc.	Treatment Focused	3 years/\$1,000,000 annual
<b>Florida</b>		
Hillsborough County Board of Commissioners	Array of Services	5 years/\$500,000 annual
<b>Georgia</b>		
Juvenile Justice Fund	Treatment Focused	5 years/\$500,000 annual
Supreme Court of Georgia	Drug Court	3 years/\$500,000 annual
<b>Idaho</b>		
Idaho Department of Health and Welfare	Drug Court	5 years/\$1,000,000 annual

<sup>1</sup> Federal awards at the \$500,000 remain fixed for the duration of the grant period; awards of \$1,000,000 decline in the second and third years of three-year grants and the second through fifth years of five-year grants.

<sup>2</sup> Although Clarity Counseling is officially located in Dolores, Colorado, its regional partnership program is operating and serving families in New Mexico.

Regional Partnership Grant Program: First Annual Report to Congress

<b>Grantee Name (Lead Agency)</b>	<b>Grantee Cluster (Assigned by HHS)</b>	<b>Program Option<sup>1</sup></b>
<b>Illinois</b>		
Children's Research Triangle	System Wide Collaboration	5 years/\$1,000,000 annual
<b>Iowa</b>		
Judicial Branch State of Iowa	Drug Court	5 years/\$500,000 annual
Upper Des Moines Opportunity, Inc.	System Wide Collaboration	5 years/\$500,000 annual
<b>Kansas</b>		
Kansas Department of Social and Rehabilitation Services	Array of Services	5 years/\$500,000 annual
<b>Kentucky</b>		
Kentucky Department for Community Based Services	Array of Services	5 years/\$500,000 annual
Kentucky River Community Care, Inc.	System Wide Collaboration	5 years/\$1,000,000 annual
<b>Massachusetts</b>		
Massachusetts Department of Public Health	Array of Services	5 years/\$500,000 annual
<b>Minnesota</b>		
White Earth Band of Chippewa	Tribal	5 years/\$500,000 annual
<b>Missouri</b>		
Kids Hope United - Hudelson Region	System Wide Collaboration	5 years/\$1,000,000 annual
St. Patrick Center	Array of Services	5 years/\$500,000 annual
<b>Montana</b>		
Apsaalooke Nation Housing Authority	Tribal	5 years/\$500,000 annual
The Family Tree Center - Billings Exchange Clubs' CAP Center	Array of Services	5 years/\$500,000 annual
<b>Nebraska</b>		
Omaha Nation Community Response Team	Tribal	3 years/\$500,000 annual
<b>Nevada</b>		
State of Nevada	Treatment Focused	5 years/\$1,000,000 annual
<b>New York</b>		
University of Rochester	Child Focused	3 years/\$500,000 annual
Westchester County	Child Focused	5 years/\$500,000 annual
<b>North Carolina</b>		
North Carolina Department of Health and Human Services	Drug Court	5 years/\$500,000 annual
<b>Ohio</b>		
Butler County Children Services	Array of Services	5 years/\$500,000 annual

Regional Partnership Grant Program: First Annual Report to Congress

<b>Grantee Name (Lead Agency)</b>	<b>Grantee Cluster (Assigned by HHS)</b>	<b>Program Option<sup>1</sup></b>
County of Lucas	Drug Court	3 years/\$500,000 annual
<b>Oklahoma</b>		
Choctaw Nation of Oklahoma	Tribal	5 years/\$500,000 annual
Oklahoma Department of Mental Health and Substance Abuse Services	Child Focused	5 years/\$500,000 annual
<b>Oregon</b>		
Klamath Tribes	Tribal	5 years/\$500,000 annual
Multnomah County	Drug Court	5 years/\$1,000,000 annual
Northeast Oregon Collaborative/Baker County	System Wide Collaboration	5 years/\$500,000 annual
OnTrack, Inc.	Treatment Focused	5 years/\$500,000 annual
<b>Rhode Island</b>		
Children's Friend and Service	Treatment Focused	5 years/\$500,000 annual
<b>Tennessee</b>		
Child and Family Tennessee	Child Focused	5 years/\$1,000,000 annual
Tennessee Department of Mental Health and Developmental Disabilities	Array of Services	5 years/\$500,000 annual
<b>Texas</b>		
Aliviane, Inc.	Array of Services	5 years/\$500,000 annual
Houston Council on Alcoholism and Drug Abuse	Child Focused	5 years/\$500,000 annual
Travis County	System Wide Collaboration	5 years/\$500,000 annual
<b>Vermont</b>		
Lund Family Center	Array of Services	5 years/\$500,000 annual
<b>Washington</b>		
Pierce County Alliance	Treatment Focused	3 years/\$1,000,000 annual
<b>Wisconsin</b>		
Wisconsin Department of Health and Family Services	System Wide Collaboration	5 years/\$500,000 annual

## Alaska

**Name:** Cook Inlet Tribal Council, Inc.

**Location:** Anchorage, Alaska

**Title:** Alaska Native Family Preservation Unit

**Program Option 4:** \$500,000 annual award for 5 years

**Abstract:**

Cook Inlet Tribal Council (CITC) proposes a Regional Partnership that includes its own Family Services (child welfare) and Recovery Services (substance abuse services) Departments; the State child welfare agency, Office of Children's Services (OCS); and the Native Village of Eklutna (NVE). Together, these entities have conducted cross-system planning over the past two years, which has culminated in the proposed Alaska Native Family Preservation Unit (ANFP) project. The goal of the project is to increase the well-being of, improve permanency outcomes for, and enhance the safety of children who are in an out-of-home placement or are at risk of being placed in an out-of-home placement as a result of a parent's or caretaker's methamphetamine or other substance abuse.

Due to the severe, entrenched over-representation of Alaska Native and American Indian children within the child welfare system in Anchorage and statewide, the ANFPU target population is Alaska Native/American Indian families referred to the project by OCS. Proposed services and activities include:

- Universal alcohol and drug screening and brief interventions
- Colocation of child welfare/substance abuse staff
- Developmental assessments
- Family/child skill development
- Early intervention/prevention services for children/adolescents
- Prioritization of residential treatment within CITC Recovery Services for IV drug users and pregnant women
- Parenting skills training
- Family counseling
- Ancillary services through intensive, home-based case management services
- Support for inter-agency and inter-organization collaboration
- Improvement in cross-system information sharing systems.

A total of 420 unduplicated families will be served over the five years.

***Project Director:***

**Name:** Deborah Northburg

**Org:** Cook Inlet Tribal Council, Inc.

**Address:** 3600 San Jeronimo Boulevard, Anchorage, AK 99508

**Phone:** 907.793.3134

**Email:** dnorthburg@citci.com

## Arizona

**Name:** State of Arizona

**Location:** Phoenix, Arizona

**Title:** Arizona Families F.I.R.S.T., Parent to Parent Recovery Program

**Program Option 3:** \$500,000 annual award for 3 years

**Abstract:**

The Arizona Department of Economic Security, Division of Children, Youth, and Families, in partnership with Arizona Families F.I.R.S.T. treatment providers, Southwest Human Development, the Family Involvement Center, Arizona Attorney General's Office and other stakeholders proposes to enhance an existing system of care charged with addressing the substance abuse issues of families served by the child welfare system through the resources of the three year, \$500,000 DHHS grant award (Option 3). The Maricopa Regional Partnership will expand and strengthen interventions through interagency collaboration and a more comprehensive approach to integrating services. These interventions will target Maricopa County families who are impacted by methamphetamine abuse and are receiving in home services. The AFF Parent to Parent Recovery Program builds on the strengths and capacities of existing providers to better enhance the collaboration of entities providing substance abuse and child welfare interventions. The program will ensure collaborative partners have the information and expertise drawn from multiple perspectives to make the best decisions about child safety, permanency and well being for the target group. Additionally, the use of Peer Recovery Specialists will improve engagement and retention in treatment interventions, while improving and strengthening the social network and supports utilized by these families through the entire continuum of services. In providing this enhanced intervention, the partnership hypothesizes families involved with the Arizona child welfare system in Maricopa County will be provided a more integrated intervention. This intervention will be provided by well trained and culturally competent staff that will increase engagement in appropriate treatment interventions; reduce substance use, maintain family stability to allow children to remain in their home; while improving family functioning and the safety and well being of children.

**Project Director:**

**Name:** Esther Kappas

**Title:** Manager, Practice Improvement

**Org:** State of Arizona, Division of Children, Youth, and Families

**Address:** 1789 West Jefferson, Phoenix, AZ 85007

**Phone:** 602.542.2371

**Email:** EKappas@azdes.gov

## California

**Name:** Butte County Department of Employment and Social Services

**Location:** Oroville, California

**Title:** Northern California Regional Partnership for Safe and Stable Families

**Program Option 3:** \$500,000 annual award for 3 years

**Abstract:**

Four small, rural counties in northern California (Butte, Lake, Tehama, and Trinity) have collaborated to form the Northern California Regional Partnership for Safe and Stable Families (the Partnership). The Partnership will be co-directed by the Butte County Director of Employment and Social Services, the Tehama County Director of Social Services, and Susan Brooks, University of California, Davis Extension. The Partnership mission is to collaborate within and across counties to improve the permanency outcomes for children, and facilitate recovery and well-being for families affected by Methamphetamine and/or other drugs. Coordinated services from Child Welfare Services (CWS), Alcohol and Drug Services (AOD), and the Courts, as well as allied agencies, will help families engage and remain in treatment services, and recover from addiction. Partnership principles will utilize evidence-based practices and are founded on the Screening and Assessment for Family Engagement, Retention, and Recovery (SAFERR) model.

Evaluation activities will be woven throughout the Partnership activities. The core outcomes measures will include the length of time in out-of-home placement, the number of children who remain or are reunified with their parents, and the number of parents who receive treatment and subsequently abstain from using Methamphetamine and other substances. Outcome data will also be used to inform policy leaders and communities about the need to develop, fund, and prioritize services that are shown to be effective in improving outcomes. The demonstrated effectiveness of the Partnership will help ensure the sustainability of the project following the initial three years of grant funding.

***Project Director:***

**Name:** Susan Brooks

**Title:** Director

**Org:** Northern CA Training Academy UC Davis Extension

**Address:** 1632 Da Vinci Court, Davis, CA 95618

**Phone:** 530.757.8643

**Email:** Sbrooks@unexmail.ucdavis.edu

**Name:** Center Point, Inc.

**Location:** San Rafael, California

**Title:** "Family Link" -- Residential and Outpatient Treatment

**Program Option 4:** \$500,000 annual award for 5 years

**Abstract:**

Center Point, Inc., a private, not-for-profit corporation that provides comprehensive, integrated substance abuse treatment services in Marin County, California, in collaborative partnership with the Marin County Department of Health and Human Services proposes to:

- Operate training and integrated child welfare
- Substance abuse treatment
- Parenting education
- Joint family reunification planning
- Child development services for mothers and children

The target population is mothers whose children would be placed out of home due to the mother's substance use were it not for Center Point's *FamilyLink* program. Center Point will train child welfare workers and family court personnel to help them identify, engage, and refer families to *FamilyLink*. The agency will also serve an estimated forty mothers and twenty children each year and expects that 80 percent of families served will remain intact following services. Center Point has been providing residential and outpatient services for substance dependent women and their children since 1990. It currently operates a 44-bed program in San Rafael and a 75-bed mother and child community correctional facility in San Diego. Marin is facing a growing substance abuse problem (methamphetamine in particular) and it is believed to be responsible for an increase in out-of-home placement of children and the growing difficulty reunifying families and finding permanent, stable homes for children. The majority of families served will be African-American and White. The former are extremely disproportionately overrepresented in the child welfare system and the latter are the largest ethnic group in the County. A majority of the children served will be age two and under. The goal of services is to reduce out-of-home placement, improve child outcomes, and achieve family stability and permanency. The Pima Prevention Partnership (PPP) will evaluate the services.

**Project Director:**

**Name:** Mark Hering

**Title:** Vice President

**Org:** Center Point, Inc.

**Address:** 135 Paul Drive, San Rafael, CA 94903

**Phone:** 415.562.2942

**Email:** MHering@cpinc.org



**Name:** County of San Diego, Health and Human Services Agency, Child Welfare Services

**Location:** San Diego, California

**Title:** Family Integrated Treatment (FIT) Program

**Program Option 4:** \$500,000 annual award for 5 years

**Abstract:**

Skyrocketing rates of methamphetamine addiction are having detrimental impacts on the lives and future of children in San Diego County, California and across the nation. The effects of this epidemic are rippling through the community's child welfare system. The Family Integrated Treatment (FIT) Program, an initiative of the County of San Diego's Health and Human Services Agency's Divisions of Child Welfare Services and Alcohol and Drug Services, in partnership with Rady Children's Hospital - San Diego, McAlister Institute, Vista Hill Foundation and dental Health Systems Inc., will provide enhanced services for mothers struggling with methamphetamine and other drug addiction. The program will provide:

- Evidence-based parenting development for mothers
- Structured evidenced informed developmental and trauma assessments
- Evidence based trauma treatment for children
- Enhanced visitation for families with children in out-of-home placements

The program will serve a minimum of 100 mothers and 150 children each year.

***Project Director:***

**Name:** Gilbert Fierro

**Title:** CWS Manager Program Policy and Support Division

**Org:** County of San Diego, Health and Human Services Agency, Child Welfare Services

**Address:** 4990 Viewridge Avenue, San Diego, CA 92123

**Phone:** 858.514.6640

**Email:** Gilbert.Fierro@sdcounty.ca.gov

**Name:** County of Santa Clara, Social Services Agency

**Location:** San Jose, California

**Title:** Santa Clara County Zero to Three Dependency Drug Treatment Court Project

**Program Option 2:** \$1,000,000 annual award for 5 years

**Abstract:**

Targeted Grants to Increase the Well-Being of, and to Improve the Permanency Outcomes for, Children Affected by Methamphetamine or Other Substance Abuse  
CFDA Number: 93.087 Funding Opportunity Number: HHS-2007-ACF-ACYF-CU-0022

The Santa Clara County Zero to Three Dependency Drug Treatment Court Project will focus on a target population of pregnant women and mothers, with children 0 to 3, whose abuse of methamphetamine and other substances have placed their children in or at risk of out-of-home placement. The project will build upon the successes of the existing Dependency Drug Court Treatment (DDTC) Program, while enhancing and expanding the model to better address the needs of this vulnerable population of pregnant women and mothers with young children. Additionally, partners will engage in a strategic planning process that will facilitate taking this model to scale across the dependency system, securing the funding and commitment necessary to provide appropriate supports and services for children affected by their parents' substance abuse. The project has identified four primary goals for the target population of mothers and children and one systemic change goal:

- Early identification of and intervention for pregnant women and mothers;
- Rapid engagement and successful retention in treatment and care;
- Reduction in subsequent births to mothers who are abusing methamphetamine
- Early identification of and intervention for developmental delays, disabilities and concerns for children 0-3 whose parents come before the DDTC; and
- The creation of a comprehensive System of Care across all systems serving children who are in or at risk of out-of-home placement as a result of parents' methamphetamine and other substance abuse.

While the project is designed to achieve such results as increased capacity to appropriately serve the target population, 41% who identify methamphetamine as their drug of choice, all partners recognize that success will be achieved when fewer infants are born to and fewer children removed from methamphetamine and other substance abusing mothers.

***Project Director:***

**Name:** Cynthia Ambar

**Org:** County of Santa Clara, Social Services Agency

**Address:** 333 West Julian Street, San Jose, CA 95110

**Phone:** 408.491.6797

**Email:** Cynthia.Ambar@ssa.co.santa-clara.ca.us

**Name:** County of Santa Cruz Health Services Agency, Alcohol and Drug Program

**Location:** Santa Cruz, California

**Title:** Treatment Alliance for Safe Children (TASC)

**Program Option 4:** \$500,000 annual award for 5 years

**Abstract:**

Methamphetamine and other drug abuse have had a major impact on families becoming involved with child welfare services in Santa Cruz County, California. Although there has been close collaboration between Child Welfare Services, the County Alcohol and Drug Program, the Dependency Court and other stakeholders to develop a Dependency Drug Court and other services for affected families, resources have not been sufficient to provide a full continuum of treatment, case management and other supportive services for all families in need. In addition, improvement is needed in developing shared values and beliefs, systems linkages, and implementation of evidence-based treatment practices.

The purpose of the TASC Project is to improve individual and systems-level outcomes for methamphetamine and other drug abusing families involved with Santa Cruz County Child Welfare Services by providing a culturally competent array of treatment, intensive case management, ancillary services, and court accountability services. Through use of Administration for Children and Families grant funds and a substantial contribution of County resources, the TASC Project will build on the successes and lessons learned from the existing Dependency Drug Court, and address its shortcomings by expanding the eligible client population and number of clients served per year from 25 to 65, providing additional AOD and Social Worker case management and paraprofessional Parent Mentor services, providing additional individually-tailored treatment services, expanding the use of evidence based practices specifically tailored to meth and parenting in early recovery, providing client incentives and case funds, and improving access to a variety of ancillary services. In addition, the TASC Project will build the capacity of the Regional Collaborative through training, promoting consensus about values and beliefs, and implementing improvements in access to treatment. All project objectives will be thoroughly evaluated, and project results and lessons learned will be disseminated state and nationwide.

***Project Director:***

**Name:** Lynn Harrison

**Org:** County of Santa Cruz Health Services Agency, Alcohol and Drug Program

**Address:** 1400 Emeline Avenue, Santa Cruz, CA 95060

**Phone:** 831.454.4220

**Email:** [lharriso@health.co.santa-cruz.ca.us](mailto:lharriso@health.co.santa-cruz.ca.us)

**Name:** Mendocino County Health & Human Service Agency

**Location:** Ukiah, California

**Title:** Mendocino County Dependency Drug Court

**Program Option 4:** \$500,000 annual award for 5 years

**Abstract:**

FUNDING OPPORTUNITY: HHS-2007-ACF-ACYF-CU-0022, "Targeted Grants to Increase the Well-Being of, and to Improve Permanency Outcomes for, Children Affected by Methamphetamine or Other Substance Abuse"

GOALS AND OBJECTIVES: Program goals and objectives are designed to:

- Support the safe and timely reunification or permanent placement of abused and neglected children;
- Increase the number of parents with drug and alcohol disorders and open child welfare cases who participate in intensive treatment;
- Increase substance abuse treatment retention and completion rates; and
- Increase coordination between the Mendocino County Superior Court, Child Welfare Services, and the county's Alcohol and Other Drug Programs.

APPROACH: Child Welfare Services and its partners will develop the Mendocino County Dependency Drug Court to link intensive case management with intensive individual, group, and family substance abuse treatment (including residential treatment) and intensive judicial oversight, incentives and sanctions, parenting education, and reunification support.

OUTCOMES: The MCDDC will enhance child well-being and lead to greater safety and improved permanency outcomes, including 25% decrease in foster care costs, 25% increase in families on-track for reunification within 12 months of detention, 20% decrease in foster care re-entry, and 25% decrease in recurrences of maltreatment.

***Project Director:***

**Name:** Becky Wilson

**Org:** Mendocino County Department of Health & Human Services Agency – Social Service Branch, Children's Services

**Address:** 727 South State Street, Ukiah, CA 95482

**Phone:** 707.463.7787

**Email:** WilsoBb@cws.state.ca.us

**Name:** Sacramento Department of Health and Human Services

**Location:** Sacramento, California

**Title:** Early Intervention Family Drug Court (EI-FDC)

**Program Option 4:** \$500,000 annual award for 5 years

**Abstract:**

The Division of Child Protective Services of the Sacramento County Department of Health and Human Services is applying for Funding Opportunity No. HHS-2007-ACF-ACYF-CU-0022, entitled "Targeted Grants to Increase the Well-Being of, and to Improve the Permanency Outcomes for, Children Affected by Methamphetamine or Other Substance Abuse". The regional partnership is defined as the Division of Child Protective Services, the Division of Alcohol and Drug Services, and the Juvenile Dependency Court. Additional partners include the Division of Mental Health, Public Health Nursing, the Birth and Beyond program, and the Family Resource Centers. The Division of Child Protective Services proposes to implement, in collaboration with the regional partnership, an Early Intervention Family Drug Court (EI-FDC) to achieve the goals of the Child and Family Services Improvement Act by promoting the safety, permanency and well-being of infants born in the County who are identified as prenatally exposed to methamphetamine or other substances of abuse. The EI-FDC will provide comprehensive family-centered treatment and supportive services to approximately 1,100 infants, 725 of their siblings, and 1,400 of their parents over the course of the five year grant program. Interventions include recovery management services and judicial oversight to prevent the removal of the infant and siblings from the custody of parents with substance use disorders. Services will be initiated when a newborn tests positive for substances and is assessed at high or very high risk of future child abuse or neglect. The families will be served in the Informal Supervision program, which provides voluntary intensive services to children and families in lieu of filing a petition for protective custody. These services will be enhanced with judicial oversight of the parent's compliance with their treatment plan. Infants will receive developmental assessments and interventions, and parents will receive both immediate access to comprehensive family-centered treatment and management of their recovery plan by trained Recovery Specialists, and will receive enhanced aftercare services. These services will decrease the number of infants and their siblings removed from parental custody, reduce the need for out-of-home placement, and increase the well-being of the children, their parents, and the family as a whole.

***Project Director:***

**Name:** Martha Haas

**Org:** Sacramento Department of Health and Human Services

**Address:** 7001-A East Parkway, Sacramento, CA 95823

**Phone:** 916.875.0143

**Email:** [haasma@saccounty.net](mailto:haasma@saccounty.net)

**Name:** SHIELDS for Families, Inc.

**Location:** Los Angeles, California

**Title:** Tamar Village Family Centered Residential Treatment Program: A Comprehensive Program for Families involved in the Child Welfare System due to Parental Substance Abuse

**Program Option 2:** \$1,000,000 annual award for 5 years

**Abstract:**

SHIELDS is proposing to implement TAMAR Village, a unique model in which comprehensive family-centered treatment, and related social services are provided on-site in an apartment complex. Families will live in an individual family apartment unit within the complex that will have office space dedicated for treatment and other services. After completion of treatment, families will be able to remain in their apartments for a transitional period. Our Regional Partnership with DCFS, Sheriff's Department, Public Defender, and the Corporation of Supportive Housing, will ensure that the population with the greatest need will be targeted and provided with comprehensive services. The long-term goals for the project are:

- Children Are Protected from Abuse and Neglect;
- Children have permanency and stability;
- Children have opportunities for healthy social/emotional development;
- Children's educational, physical, mental health needs are met;
- Families have enhanced capacity to provide for children's needs;
- Regions have a new /increased ability to address parental/caretaker substance abuse and its affect on children.

Expected results include: A decrease of substantiated child abuse allegations, in the amount of time that family reunification occurs, in the number of infants born prenatally exposed to drugs, and in parental risk factors; and, an increase in the number of families reunified, in the number treatment completions and retention, in the number of service needs being met, in parental protective factors; and in the number of treatment slots available in the targeted region.

***Project Director:***

**Name:** Kathryn Icenhower

**Title:** Executive Director

**Org:** SHIELDS for Families, Inc.

**Address:** 12714 S. Avalon Boulevard, Suite 300, Los Angeles, CA 90061

**Phone:** 323.242.5000 ext 268

**Email:** kicenhower@shieldsforfamilies.org

**Name:** WestCare California, Inc.

**Location:** Fresno, California

**Title:** SMART-2 Model of Care Partnership

**Program Option 4:** \$500,000 annual award for 5 years

**Abstract:**

The applicant is WestCare California, a nonprofit agency. WestCare and its partners in Fresno County, California, are applying under Program Option 4 of the "Targeted Grants to Increase the Well-Being of, and to Improve the Permanency Outcomes for, Children Affected by Methamphetamine or Other Substance Abuse." The title of the Project is *"SMART-2 Model of Care Partnership."* WestCare provides family-based residential treatment to pregnant and parenting women, and 78% have a primary addiction to methamphetamine. The goal is to reduce substance-abuse related abuse and neglect. The approach is to build on an existing interagency collaboration to provide services and activities that close gaps in the continuum of care for children of substance abusing parents using research-based interventions, and document effectiveness with a thorough research study using experimental and control groups. Services will be provided to unserved children birth to 12 years of age. The objectives of the project are to:

- Provide on-site substance abuse assessments to parents at court to increase early identification and intervention;
- Coordinate and provide assessments, service plans, and treatment to improve children's access to services, reduce symptoms of trauma, and improve children's well being;
- Increase capacity building through training;
- Develop a Therapeutic Childcare Center as a central location for services for children;
- Provide developmental, educational, and childcare services to children of parents in outpatient treatment to improve children's well being and safety;
- Provide parenting education to improve the home environment;
- Provide mental health counseling to parents to reduce occurrences of abuse and neglect; and
- Provide prenatal classes to reduce prenatal exposure to drugs.

**Project Director:**

**Name:** Lynn Pimentel

**Org:** WestCare California, Inc

**Address:** P.O. Box 12107, Fresno, CA 93776

**Phone:** 559.265.4800

**Email:** [sjenkins@westcare.com](mailto:sjenkins@westcare.com)

## Colorado

**Name:** Clarity Counseling P.C.<sup>3</sup>

**Location:** Dolores, Colorado

**Title:** Recovering Together in San Juan County: Cross-Discipline Collaboration and a Specialized Outpatient Treatment Program for Families Struggling with Substance Abuse and Child Maltreatment Issues

**Program Option 4:** \$500,000 annual award for 5 years

**Abstract:**

Partners include:

- Clarity Counseling P.C. (Lead applicant, Small Business, For-profit child welfare service provider)
- Childhaven, Inc. (Non-profit child welfare service providers)
- San Juan Safe Communities Initiative (entity that related to the provision of child and family services)
- Children, Youth, and Families Department of New Mexico (State child welfare agency)

The Cross-Discipline Collaboration model and Recovering Together Program are related strategies that target families with co-occurring substance abuse and child maltreatment concerns, and support the professionals who serve them. Interdisciplinary training will be offered in local workshops, luncheon seminars and online instruction. Information sharing and case coordination will be improved using the internet and a single point of contact to manage services for each family. Outpatient treatment services are family-centered, and include parents, their affected children and kinship caregivers in weekly multi-family group therapy, appropriate support groups for each family member, and individualized adjunct therapy plans. Existing community support services are leveraged heavily to provide a foundation for on-going recovery and to enhance the sustainability of this intervention strategy.

***Project Director:***

**Name:** Donna Sue Spear

**Title:** President

**Org:** Clarity Counseling, P.C.

**Address:** 28000 Road T., Dolores, CO 81323

**Phone:** 970.882.1253

**Email:** [donnasue@claritycounseling.com](mailto:donnasue@claritycounseling.com)

---

<sup>3</sup> Although Clarity Counseling is officially located in Dolores, Colorado, its regional partnership program is operating and serving families in New Mexico.



**Name:** Connect Care, Inc.

**Location:** Colorado Springs, Colorado

**Title:** Fourth Judicial District Family Reunification Project

**Program Option 4:** \$500,000 annual award for 5 years

**Abstract:**

Funding Opportunity Number: HHS-2007-ACF-ACYF-CU-0022

Funding Opportunity Title: Targeted Grants to Increase the Well-Being of, and to Improve the Permanency Outcomes for, Children Affected by Methamphetamine or Other Substance Abuse

Family Reunification Project Service Area Affected By Project: Colorado's Fourth Judicial District composed of El Paso County and Teller County

This proposal, named the Family Reunification Project, seeks funds to create a Family Reunification Coalition. The goals of the Coalition are:

- PERMANENCY - Children have permanency and stability in their living situations;
- SAFETY - Children are protected from abuse and neglect;
- SERVICE CAPACITY - The community has an increased ability to address parental and caretaker substance abuse and its effects on children; and
- WELL-BEING - Families have enhanced capacity to provide for their children's needs.

To accomplish these goals, the following system of services and supports will be implemented or expanded: Family Treatment Drug Court; Rural Substance Abuse Services; Care Coordination; Matrix Model Substance Abuse Services; Social Work Services to Assist Respondent Parents' Counsel and their Clients; CASA Services; and Inter-agency Collaboration and Community Education.

It is anticipated that, through taking a comprehensive view of families' situations, the Project will reduce fragmentation of services, facilitate coordination of care, and increase treatment capacity.

***Project Director:***

**Name:** Michael Allen

**Org:** Connect Care, Inc

**Address:** 2864 South Circle Drive, Suite 1000, Colorado Springs, CO 80906

**Phone:** 719.314.2527

**Email:** [Michaela@ppbhq.org](mailto:Michaela@ppbhq.org)

**Name:** Denver Department of Human Services

**Location:** Denver, Colorado

**Title:** Denver Entire Family Focused Comprehensive Treatment: Family-Centered Solution to Improving Outcomes for Children at Risk of or in Out-Home-Placement as a Result of Parental/Caretaker Substance Abuse

**Program Option 1:** \$1,000,000 annual award for 3 years

**Abstract:**

*Denver EFFECT* creates a regional partnership between Denver Human Services Family and Child Welfare Division, state child welfare and alcohol and drug divisions and two of Denver's largest substance abuse treatment providers. The project has two goals:

- To provide family-centered services that recognize individual needs and build on family strengths and protective factors. Goal 1 objectives are to improve outcomes for children, to improve outcomes for substance dependent parents or caretakers, and to strengthen the family's ability to keep children safe.
- To integrate child welfare, substance abuse treatment and court systems into a cohesive infrastructure. Goal 2 objectives are to establish the collaborative infrastructure, to initiate system-wide coordination, and to expand family-centered substance abuse treatment and services available.

Comprehensive family assessment lies at the heart of the project. Child welfare caseworkers, treatment provider service coordinators and a Juvenile Court liaison will team-up to assess family needs and create dynamic family service plans. The result will be integration of the current child-oriented system of child welfare and the adult-oriented system of substance abuse treatment into a family-oriented system. It will include coordinated case management and timely and appropriate services for parents, children and extended family members. Its goal will be improved safety, permanency and well-being of children who are at risk of or in out-of-home placement as a result of parental or caretaker substance abuse.

**Project Director:**

**Name:** Nachson Zohari

**Org:** Denver Department of Human Services

**Address:** 1200 Federal Boulevard, Denver, CO 80204

**Phone:** 720.944.3177

**Email:** Nachson.zohari@denvergov.org

**Name:** Island Grove Regional Treatment Center, Inc.

**Location:** Greeley, Colorado

**Title:** Northeastern Colorado Child Welfare Project

**Program Option 1:** \$1,000,000 annual award for 3 years

**Abstract:**

The Northeast Colorado Child Welfare Project will provide integrated substance abuse, mental health, and community services to children and families in Larimer and Weld Counties who have become involved with the child welfare system, particularly those who are involved with methamphetamine. This application is submitted under Funding Opportunity HHS-2007-ACFACYF-CU-0022, Program Option One.

This Project focuses on increasing the safety, well-being, and permanency of at-risk children by providing a continuum of integrated services to those children, their parents and caregivers, and their families' support system. It includes three goals:

- Parental substance abuse will be more effectively addressed;
- Children's needs will be addressed so that they can become healthy, successful adults, despite parental substance abuse; and
- The involved agencies will work together to increase the quality, appropriateness, and effectiveness of services for families involved with substance abuse and the child welfare system.

Over the three-year life of the Project, services will be provided to approximately 693 children. An estimated 1,027 parents will be screened for substance abuse, and 315 will enter treatment. Cross-training will be provided to 1,825 staff who work with the region's at-risk children and families. New services will be developed, including increased substance abuse treatment capacity, a residential treatment facility for parents and their children, and integrated substance abuse/mental health services. The existing collaborative efforts designed to combat the impacts of methamphetamine will become more focused to provide a seamless, regional response that is more effective and efficient. The lead agency is Island Grove Regional Treatment Center, a non-profit organization that provides substance abuse services in both counties, primarily to low-income clients. Other Project partners include both counties' child welfare agencies, district courts, and state designated community mental health care providers. Evaluation will be provided by the state universities located in the two counties.

***Project Director:***

**Name:** Erin Hall

**Org:** TriWest Group

**Address:** 4450 Arapahoe Avenue, Suite 100, Boulder, CO 80303

**Phone:** 303.544.0509

**Email:** [www.triwestgroup.net](http://www.triwestgroup.net)

## Florida

**Name:** Hillsborough County Board of County Commissioners

**Location:** Tampa, Florida

**Title:** Children's Reunification Services Collaborative: Fostering Successful Family Reunification for Families with Methamphetamine or Other Substance Abuse Issues

**Program Option 4:** \$500,000 annual award for 5 years

**Abstract:**

The objective of the proposed Children's Reunification Services Collaborative (CRSC) is to facilitate successful family reunifications for children in out-of-home care in Hillsborough County who are affected by parental methamphetamine (meth) or other substance abuse. We plan to leverage existing service provider strengths while increasing the capacity to serve struggling families, ultimately improving permanency outcomes for children in need.

Our comprehensive approach will provide public education and youth prevention programs, increase professional training on substance abuse screening and identification, increase the capacity for drug screenings in dependency court, increase availability of inpatient/outpatient treatment for substance-abusing parents (additional inpatient beds and outpatient slots), provide residential care to children removed from the home, and implement Systems Navigators to guide clients in their efforts toward reunification.

Expected results include prevention of use, earlier identification of needs and access to treatment, improved navigation through the dependency system and likelihood for client success, and ultimately reduced lengths of stay in out-of-home care and a significant increase in the number of children who achieve permanency. The effort toward these goals will be executed by a collaborative of child welfare, substance abuse, and judicial agencies with a shared mission - ensuring health and permanency for children and families affected by methamphetamine or other substance abuse in Hillsborough County.

**Name:** Patti Woodard

**Org:** Hillsborough County Board of Commissioners

**Address:** 3110 Clay Mangum Lane, Tampa, FL 33618

**Phone:** 813.264.3807

**Email:** [woodardp@hillsboroughcounty.org](mailto:woodardp@hillsboroughcounty.org)

## Georgia

**Name:** Juvenile Justice Fund

**Location:** Atlanta, Georgia

**Title:** Fulton County Family Drug Court Expansion Project Ready, Set, Go

**Program Option 4:** \$500,000 annual award for 5 years

**Abstract:**

Project Ready, Set, Go is submitted by the Juvenile Justice Fund to the Administration on Children, Youth and Families, Children's Bureau, for the funding opportunity entitled Targeted Grants to Increase the Well-Being of, and to Improve the Permanency Outcomes for, Children Affected by Methamphetamine or Other Substance Abuse, identified as HHS-2007-ACF-ACYF-CU-0022, CFDA Number 93.087, and will utilize funding through Program Option 4 (\$500,000 for five years). Project *Ready, Set, Go* will expand the existing Fulton County Juvenile Court Family Drug Court Program to focus on identified transition and aftercare services, increasing Fulton County's ability to address parental/caretaker substance abuse and its affect on children. Project *Ready, Set, Go* aims to address seven specific needs to increase the well-being of, and improve the permanency outcomes for, children affected by methamphetamine and other substance abuse in Atlanta-Fulton County. To achieve this goal, Project *Ready, Set, Go* will provide transition and reunification readiness support services prior to treatment completion and post-treatment placement support services for children and parents in the form of Education/Literacy, Employment, Therapy (Individual and Family, Children and Parents with additional specialized Domestic Violence and Sexual Abuse Counseling), Housing, Drug Treatment, Regular Visitation, and Aftercare/Support Groups. Services will be provided in three phases: Pre-Graduation Readiness Services, Post-Graduation Comprehensive Service Set, and the Alumni Connection and Support Program. Project *Ready, Set, Go* will increase the graduation rate of the Family Drug Court program, minimize the relapse rate of parents, reduce reunification times for families, and increase interagency and systems collaboration in providing services to parents and their children in need.

**Project Director:**

**Name:** Kim Shellman- Borna

**Title:** Executive Director

**Org:** Juvenile Justice Fund

**Address:** 395 Pryor Street, Suite 1025, Atlanta, GA 30312

**Phone:** 404.224.4415

**Email:** kim.shellman-borna@co.fulton.ga.us

**Name:** Supreme Court of Georgia

**Location:** Atlanta, Georgia

**Title:** Family Treatment Systems Collaborative

**Program Option 3:** \$500,000 annual award for 3 years

**Abstract:**

Out of a growing concern for the future of young children negatively impacted by drug abuse in general and methamphetamine in particular, Georgia Administrative Office of the Courts (AOC) will establish a two-county pilot program (Family Treatment Systems Collaborative or FTSC) to serve 50-60 total families annually in the Douglas and Fannin county juvenile courts. The FTSC will utilize the evidence bases of Zero-to-Three, the Matrix Model recovery program, Strengthening Families/Celebrating Families curriculum and family drug treatment court to improve permanency outcomes for children of meth-addicted parents while supporting family reunification efforts. Douglas and Fannin counties are at the epicenter of the meth epidemic in Georgia and many of the users are parents. AOC will collaborate with the Georgia Division of Family and Child Services (DFCS), Georgia's IV-B and IV-F agency, and the Division of Mental Health, Developmental Disabilities and Addictive Diseases (MHDDAD) both agencies of the Georgia Department of Human Resources (DHR) to administer this project. These agencies are unified in their purpose to break the intergenerational cycle of meth addiction through prevention and early intervention.

FTSC will provide an integrated, collaborative response to the needs of meth-addicted parents and their children. This innovative program will assist the Courts in making timely decisions about safe placements for children by providing a full range of substance abuse and related services to adults and their children before the Court on a petition of child abuse or neglect. Parents addicted to meth in the targeted counties will receive treatment and develop positive parenting skills as part of comprehensive wraparound services to prevent relapse and promote family reunification.

***Project Director:***

**Name:** Eden Freeman

**Org:** Supreme Court of Georgia, Administrative Office of the Courts

**Address:** 244 Washington Street, SW, Suite 300, Atlanta, GA 30334

**Phone:** 404.463.0043

**Email:** [freemane@gaaoc.us](mailto:freemane@gaaoc.us)

## Idaho

**Name:** Idaho Department of Health and Welfare

**Location:** Boise, Idaho

**Title:** Improving Positive Outcomes for Children through Family Drug Court

**Program Option 2:** \$1,000,000 annual award for 5 years

**Abstract:**

*Grant Opportunity Number:* HHS-2007-ACF-ACYF-CU-0022

*Project Goal and Objectives:* The Goal of this project is to provide, through interagency collaboration and integration of programs and services, services and activities designed to increase the well-being of, improve permanency outcomes for, and enhance the safety of children who are in an out-of-home placement or are at risk of being placed in an out-of-home placement as a result of a parent's or caretaker's methamphetamine or other substance abuse. Objectives include:

- Develop and Implement two new Family Drug Courts - one in Pocatello and one in Boise
- Further develop system collaborations and improvements with project stakeholders who include Idaho Single State Authority for Substance Abuse, the Idaho Child Protection program, the Idaho Mental Health program, the Idaho Supreme Court, Road to Recovery a not-for-profit treatment provider, the Idaho State University and the Idaho Statewide Child Protection/Court Improvement Committee
- Expand evidence-based practice substance abuse treatment programs for families served under the project
- Evaluate the program for further expansion in other areas of the State of Idaho

In reaching the goals and objectives of this project, we anticipate serving 65 families each year.

***Project Director:***

**Name:** Bethany Gadzinski

**Title:** Chief, Bureau of Substance Abuse

**Org:** Idaho Department of Health and Welfare, Bureau of Substance Abuse, Division of Behavioral Health

**Address:** P.O. Box 83720, Boise, ID 83720

**Phone:** 208.334.5756

**Email:** [Gadzinsb@dhw.idaho.gov](mailto:Gadzinsb@dhw.idaho.gov)

## Illinois

**Name:** Children's Research Triangle

**Location:** Chicago, Illinois

**Title:** Moving Families Forward: A Regional Partnership to Enhance Safety and Stability in the Lives of Children

**Program Option 2:** \$500,000 annual award for 5 years

**Abstract:**

This proposal is a collaborative effort between Children's Research Triangle (CRT), Illinois Department of Children and Family Services (DCFS), Southern Illinois Healthcare Foundation (SIHF) and Chestnut Health Services (CHS). The specific aim of this proposal is to promote family safety and permanency for children in Southern Illinois who have been affected by exposure to methamphetamine or other substances of abuse by developing an integrated and collaborative system of care that will identify and address the developmental, behavioral and mental health needs of the affected child and family. A Regional Work Group consisting of organizations in the proposal partnership and other key agencies involved with families and their children in the child welfare system will work to identify and resolve barriers to integrated treatment for these families. CRT, SIHF and CHS will open child and family clinical programs in Southern Illinois that provide specialized health and behavioral health services for families and their children prenatally or environmentally affected by methamphetamine or other substances of abuse. These services will co-locate with existing substance abuse treatment programs in the region. Community outreach will be achieved by clinical staff from the program conducting community trainings. These sessions will be tailored to the specific needs of legal and social service agencies and law enforcement and school personnel to encourage the identification, referral and treatment of families affected by substance abuse. Successful completion of this project will result in an overall improvement in the permanency, stability, safety, developmental functioning and mental health of children who have been prenatally or environmentally exposed to methamphetamine or other substances.

***Project Director:***

**Name:** Ira Chasnoff

**Title:** President

**Org:** Children's Research Triangle

**Address:** 180 North Michigan Avenue, Suite 700, Chicago, IL 60601

**Phone:** 312.726.4011

**Email:** [ichasnoff@cr-triangle.org](mailto:ichasnoff@cr-triangle.org)



## Iowa

**Name:** Judicial Branch State of Iowa

**Location:** Des Moines, Iowa

**Title:** Parents and Children Together: A Family Drug Court Initiative (PACT)

**Program Option 4:** \$500,000 annual award for 5 years

**Abstract:**

This collaborative grant, Parents and Children Together (PACT): A Family Drug Court Initiative, will implement a community based approach to substance abuse treatment that supports the family in remaining the primary permanency option for their children. The regional partnership is the State of Iowa, serving five pilot sites. The objectives are:

- Increasing the safety, permanency and well-being of children by addressing the substance abuse treatment programming and service gaps through a community collaborative planning approach,
- Creating a common vision through a comprehensive training program,
- Documenting key project elements that support families to successfully protect their children while maintaining a sober lifestyle.
- Establishing family drug court in each pilot site, as an essential element The State Partnership Team, which includes governmental, community and provider agency members, will address state policy and procedural barriers that prevent effective treatment.

The project will serve 200 families using an evidence based substance abuse family treatment model that incorporates family drug court. Each site was selected because of the high level of substance abuse issues, primarily methamphetamine, and existent collaborative in each community willing to develop new services for children and their families, and a committed judge who is willing to establish a family drug court. Deliverables include:

- Documented community decisions that facilitate successful programming to achieve permanency for children,
- Description of barriers to reunification and solutions that are effective in supporting families to successfully remain sober and reunify with their children,
- Independent evaluation of each site and its outcomes in relation to the federal guidelines,
- Development of a replication plan to share and encourage the integration of successful elements of the grant to the other judicial districts.

***Project Director:***

**Name:** Gail Barber

**Title:** Director

**Org:** Iowa Supreme Court

**Address:** 1111 East Court Avenue, Des Moines, IA 50319

**Phone:** 515.281.6209

**Email:** [Gail.Barber@jb.state.ia.us](mailto:Gail.Barber@jb.state.ia.us)

**Name:** Upper Des Moines Opportunity, Inc.

**Location:** Okoboji, Iowa

**Title:** Parent Partners of NW Iowa

**Program Option 4:** \$500,000 annual award for 5 years

**Abstract:**

There are three project partners, Upper Des Moines Opportunity, Inc., the Iowa Department of Human Services-Sioux City Region and Juvenile Court Services-Third Judicial District. The target population is children who are in, or at-risk, for an out-of-home placement due to methamphetamine or other substance abuse by a parent/caretaker. The geographic service area for this *regional partnership* is nine counties in rural northwest Iowa: Buena Vista, Cherokee, Clay, Dickinson, Lyon, O'Brien, Osceola, Plymouth, and Sioux.

Summary of Project Goals and Objectives: The approach adopted for the proposed project, is built around *three components*: building capacity, engaging parents, and integrating services. Three goals define the project:

- Will create a leadership capacity to direct and champion the project.
- Will provide parents with the opportunity to be leaders and advocates within the child welfare system, implementing a quality parent mentoring program.
- Will engage the support of agencies and individuals at the local level to connect families to formal and informal supports.

Project Outcomes: The purpose of the project is to *build regional capacity* in rural northwest Iowa by which child welfare, juvenile court, substance abuse, and community support services can *increase access, availability, and outreach* programs and services to increase the *well-being of, permanency* outcomes for, and enhance the *safety of* children who are in out-of-home or at-risk of placement as the result of parent's or caretaker's methamphetamine or other substance use.

**Project Director:**

**Name:** Lauri Carlson

**Org:** Upper Des Moines Opportunity, Inc.

**Address:** P.O. Box 15, Okoboji, IA 51335

**Phone:** 712.330.0367

**Email:** lcarlso@mchsi.com

## Kansas

**Name:** Kansas Department of Social and Rehabilitation Services

**Location:** Topeka, Kansas

**Title:** Kansas Serves Substance Affected Families

**Program Option 4:** \$500,000 annual award for 5 years

**Abstract:**

The State of Kansas Social and Rehabilitative Services, Division of Children and Family Services, in partnership with eight state and local agencies, proposes to develop and deliver a two-pronged approach to serving children affected by methamphetamine or other substance abuse:

- Substance affected families in the child welfare system at risk for child removal or with the goal of reunification will participate in an evidence based program, Strengthening Families (SFP), to positively impact the following critical domains: parenting, family attachment, child welfare, parental substance use, risk and protective factors, and child behavior.
- Web-based substance abuse prevention will be integrated with existing life skills/independent living services for older youth in care and former foster care youth to reduce risk factors for substance use and increase resiliency.

Additionally, the development and implementation of an enhanced interagency collaborative strategy between State and local services will provide the foundation for successful implementation of these initiatives. The proposed project will result in improved permanency and stability for children and prevention of future substance abuse.

***Project Director:***

**Name:** Patricia Long

**Title:** Administrator, Child Welfare/ Permanency Services

**Org:** SRS-Division of Children & Family Services

**Address:** 915 SW Harrison, 5<sup>th</sup> Floor, North Topeka, KS 66612

**Phone:** 785.368.8157

**Email:** [Patricia.Long@srs.ks.gov](mailto:Patricia.Long@srs.ks.gov)

## Kentucky

**Name:** Kentucky Department for Community Based Services

**Location:** Martin County, Kentucky

**Title:** Kentucky Sobriety Treatment and Recovery Teams (K-START)

**Program Option 4:** \$500,000 annual award for 5 years

**Abstract:**

The Department for Community Based Services (DCBS) establishes a regional partnership in Martin County, a rural Appalachian county, to support Kentucky's Sobriety Treatment and Recovery Teams (K-START). We chose Program Option 4 to strengthen the program evaluation, ensure sustainability, and encourage dissemination.

Parent substance abuse is an escalating contributor to chronic neglect and abuse among children age three years or younger statewide that begs for innovation in service delivery. K-START pairs CPS workers with Family Mentors (persons in recovery), substance abuse treatment designed for rural areas, sober parenting supports, and community wrap-around to deliver an evidence-based intervention guided by the Model of Change.

The regional partnership includes collaborative agreements with the Kentucky's Division of Mental Health and Substance Abuse (DMHSA), Big Sandy Area Development District, the University of Kentucky (UK) Center on Drug and Alcohol Research and UK Social Work.

Federal and state funds will support comprehensive treatment to a minimum of 36 families annually and 180 total families including non-substance abusing family members and children. Program evaluation is a joint endeavor between DCBS, UK and DMHSA. Specific objectives:

- Reduce recurrence of child abuse
- Provide comprehensive support services to children and families
- Provide quick and timely access to substance abuse treatment
- Improve treatment completion rates
- Build protective parenting capacities
- Increase the county, region, and state's capacity to address co-occurring substance abuse and child maltreatment

**Project Director:**

**Name:** Tina Willauer

**Org:** Kentucky Department for Community Based Services

**Address:** 275 East Main Street, Commissioner's Office-3W-A, Frankfort, KY 40621

**Phone:** 502.564.3703

**Email:** [TinaM.Willauer@ky.gov](mailto:TinaM.Willauer@ky.gov)

**Name:** Kentucky River Community Care, Inc.

**Location:** Jackson, Kentucky

**Title:** Families in Safe Homes Network (FISHN)

**Program Option 2:** \$1,000,000 annual award for 5 years

**Abstract:**

Family categorizes persons we depend on to celebrate achievements. For a young child to succeed in life, secure attachment to a caring adult who fulfills the family role is crucial. Likewise, the support offered through community connectedness often tips the balance between family unity and separation. The KY River Region has been coping with an escalating drug abuse crisis chronicled in national, state, and local media. The enormity of this public health crisis has overburdened every safety net provider in the region as family needs far outpace available resources. A tangible outcome of this crisis is the regions rate for kids being placed out of home is more than double the rest of the state. While appalling, the reality that fewer than 22% of these families completed a referral for drug treatment, while more than 80% of out of home placements listed substance abuse as a factor is inexcusable.

Realization of the scale of families' unmet-needs spurred action by a group of agencies (including DCBS, Child Welfare authority) who have signed a MOU committing to implement complex and expansive systems changes. Partners, using a hybrid of the Family to Family and SAFERR will develop a "family-centered" response driven by interagency protocols. The goal is to reduce out of home placements by:

- Reducing barriers to substance abuse treatment, and other support services;
- Expanding availability of evidence based treatment
- Use of a comprehensive family screening process
- Co-locate staff to improve coordination of service to families

We anticipate serving 60 families each year of the grant.

***Project Director:***

**Name:** Robin McFarland

**Org:** Kentucky River Community Care, Inc.

**Address:** P.O. Box 794, Jackson, KY 41339

**Phone:** 606.435.0849

**Email:** robin.brozowski@krccnet.com

## Massachusetts

**Name:** Massachusetts Department of Public Health

**Location:** Boston, Massachusetts

**Title:** Family Recovery Project: Promoting Safety and Permanence, and Well-Being for Children through Family-focused Substance Abuse Prevention, Engagement, and Treatment

**Program Option 4:** \$500,000 annual award for 5 years

**Abstract:**

Massachusetts seeks \$500,000 annually for five years to implement the *Family Recovery Project* of intensive home-based and collaborative services that are designed to stabilize families who risk permanently losing custody of their children because of parental substance abuse. The *Family Recovery Project* actualizes two years of planning by the Family Recovery Collaborative, a project of the Departments of Social Services (DSS), Public Health (DPH), the Juvenile Court, Wampanoag Tribe of Aquinnah, and service providers. The project will implement family-centered, coordinated interventions that are based in research and respond to the needs of the parents and their children. Through intensive home-based treatment with families, the project will increase parental readiness for and access to recovery supports, improve child development through therapeutic interventions, and facilitate family reunification, stabilization and parenting skills. Our model incorporates proven methods of enhanced collaboration and communication among agencies to streamline referrals and better coordinate services for vulnerable families. The project will serve over sixty families annually from Western Massachusetts, a region with high incidence of substance use, high numbers of children at risk, and limited family-centered treatment services. DSS-involved families with children who are in out-of-home placements or at imminent risk for placement will participate. With the overarching goal of strengthening and stabilizing families, the project will engage families over the long term to ensure access to recovery and treatment supports; achievement of objectives on a personalized family plan; and access to child development, parenting education, and social support services. The Family Recovery Collaborative and a local council of agencies will coordinate services, guided by a signed Memorandum of Understanding and affiliation agreements. DSS and DPH will jointly manage the project. Brandeis University will conduct an evaluation to assess family outcomes as well as changes in cross-agency collaboration.

**Project Director:**

**Name:** Elaine Sterzin

**Org:** Massachusetts Department of Public Health

**Address:** 250 Washington Street, 3<sup>rd</sup> Floor, Boston, MA 02108

**Phone:** 617.624.5120

**Email:** [Elaine.Sterzin@state.ma.us](mailto:Elaine.Sterzin@state.ma.us)

## Minnesota

**Name:** White Earth Band of Chippewa

**Location:** White Earth, Minnesota

**Title:** White Earth Reservation Child Well Being Project

**Program Option 4:** \$500,000 annual award for 5 years

**Abstract:**

The White Earth Child Well-Being Project is applying under Option 4 of the Targeted Grants to Increase the Well-Being of, and to Improve the Permanency Outcomes for, Children affected by Methamphetamine or Other Substance Abuse funding opportunity. Project service area is the White Earth Reservation and 25 miles beyond its borders. Objectives are:

- To build systems collaboration and improve treatment linkages between the tribal and Becker County Human Services programs,
- To create a culturally competent strategy for improving the well-being of White Earth's Native American children with caregivers who abuse substances with a focus on improving permanency outcomes for children at risk of, or in out-of-home placements, and
- Provide substance abuse treatment and services to caregivers and their children in a rural area well-documented with highest rates in poverty, alcohol and drug abuse including methamphetamines, and suicide.

The project approach is a culturally appropriate, comprehensive strategy with multi-disciplinary human services program partnerships, targeted media educational delivery, and substance abuse treatment services designed to address the treatment needs and out-of-home placement issues experienced by White Earth caregivers and their children. Results and benefits of this project fills a gap and need for counseling and support services for a minimum of 50 caregivers a year with substance abuse issues and who may or may not be involved with the Indian Child Welfare Program. 125 children directly at risk for, or in out-of-home placement will receive an array of services from 7 or more multi-disciplinary partners in an integrated collaboration to improve permanency outcomes. Media of radio and educational print information on substance abuse and methamphetamine will reach all communities on the White Earth Reservation to provide education and improved understanding of the negative effects of substance abuse on families and community.

***Project Director:***

**Name:** Jeri Jasken

**Title:** Indian Child Welfare Director

**Org:** White Earth Band of Chippewa

**Address:** 24245 Crane Road, White Earth, MN 56591

**Phone:** 218.935.5554

**Email:** [jerij@whiteearth.com](mailto:jerij@whiteearth.com)

## Missouri

**Name:** Kids Hope United-Hudelson Region

**Location:** St. Louis, Missouri

**Title:** Circle of Hope: Keeping Children Safe & Families Together

**Program Option 2:** \$1,000,000 annual award for 5 years

**Abstract:**

The purpose of the present project is to increase the well-being of and improve the permanency outcomes for children affected by methamphetamine or other substance abuse within Missouri's Southwestern Region by:

- Augmenting the current regional interagency service delivery infrastructure (Project Year 01)
- Developing a seamless, integrated, family centered service delivery system (Project Year 01-Project Year 05).

At the state level, the Missouri Alliance for Drug Endangered Children (MO-ADEC) will be developed to strengthen and expand the level of collaboration and cooperation among the various components of the service delivery system. The Southwestern Alliance for Drug Endangered Children (SADEC) will be formed to enhance county-level partnerships. Both groups will be supported through the refinement of their electronic management systems. Through the use of an Intensive Family Service Team (IFST), parents/caregivers (N=100), upon discharge from the region's only ATOD residential facility, will gain access to a full array of individual and family focused services. The service delivery model will use the guiding principles of the Strengthening Families Approach to modify the Homebuilders Model for the current population. Led by an Intensive Family Service Team Worker (IFSTW), the IFST will work with all members of the targeted family, child welfare worker, substance abuse treatment provider, etc. to engage families, remove barriers to treatment/needed services, and offer ongoing support to the family. Sustainability efforts will begin in Year 01, and the project will employ an experimental design to evaluate the project's outcomes.

***Project Director:***

**Name:** Shannon Stokes

**Org:** Kids Hope United

**Address:** 1015 Locust Street, Suite 900, St. Louis, MO 63101

**Phone:** 573.999.4073

**Email:** sstokes@kidshopeunited.org



**Name:** St. Patrick Center

**Location:** St. Louis, Missouri

**Title:** Project Protect

**Program Option 4:** \$500,000 annual award for 5 years

**Abstract:**

Parents are meant to protect their children. However, when parents abuse substances and children are mistreated at home, others must come alongside to help families stabilize.

Project Protect will involve a regional partnership to include St. Patrick Center (lead applicant); Family Court of the 22<sup>nd</sup> Judicial Circuit, City of St. Louis; Missouri Children's Division; Family Resource Center; and Herbert Hoover Boys and Girls Club. University of Missouri - St. Louis will evaluate collaboration and participant success. Project Protect will serve 150 families per year, and its annual objectives are:

- 100 parents will complete substance-abuse treatment
- 100 parents will improve their parenting skills
- 100 families will be permanently housed
- 100 families will move toward financial stability
- 200 children/youth will exhibit indicators of family stability
- 150 children will benefit from increased parental involvement

Project Protect will provide a comprehensive continuum of care for homeless and impoverished families with children in out-of-home placements or at risk of being removed from homes due to parental substance abuse. It will apply the evidence-based practice, Intensive Case Management (ICM). Two ICM Teams will be created with each consisting of a Family Stability Counselor, a Substance Abuse Counselor, and a Financial Stability Counselor. These multidisciplinary teams will address substance abuse and other barriers faced by participants and their children. Requirements include parent-education classes, addiction treatment, recovery meetings, and case plans identifying recovery and family-stabilizing activities.

Project Protect will enhance the safety and wellbeing of children by enabling them to be reared by their parents in stable, nurturing home environments, away from the influences of substance abuse. Project evaluation will guide future efforts to help homeless and impoverished families affected by parental substance abuse.

***Project Director:***

**Name:** Beverly Austin

**Org:** St. Patrick Center

**Address:** 800 North Tucker Boulevard, St. Louis, MO 63101

**Phone:** 314.802.0990

**Email:** baustin@stpatrickcenter.org

## Montana

**Name:** Apsaalooke Nation Housing Authority

**Location:** Crow Agency, Montana

**Title:** Crow Nation Methamphetamine and Substance Abuse Early Intervention and Prevention Project

**Program Option 4:** \$500,000 annual award for 5 years

**Abstract:**

The goal of this project is to establish the first Crow "Office of Methamphetamine and Substance Abuse Prevention" and with two Regional Partners, Lodge Grass Public Schools and the Mental Health Center, Joliet, Montana, and other Cooperating partners, to provide a community-based, family-centered local service delivery system focused upon the prevention of Methamphetamine and Substance Abuse.

Objective #1: During the Project Period of October 1, 2007 to September 30, 2008, the Project will identify the needs of Crow children, adolescents and their families through a *Comprehensive Crow Child and Adolescent Methamphetamine and Substance Abuse Needs Assessment*, and utilize this information later in the project to develop a *"Crow Methamphetamine and Substance Abuse Prevention Master Plan"*.

Objective #2: During the Project Period of October 2, 2007 to September 30, 2012, the Project will offer a series of two-year Chemical Dependency courses leading to an *AA Degree in Chemical Dependency* at the Little Big Horn College for the purpose of training ten Chemical Dependency Counselors per cohort for State CD Certification and placement in positions on the Crow Indian Reservation, including, training of the District Manager and District Coordinator(s) #1, #2, & #3 positions to be located in each of the six Crow Reservation Districts.

Objective #3: During the Project Period of October 1, 2007 to September 30, 2008, the Project will acquire and adapt the "Meth Tool Kit" to include the "Youth Campaign Against Drugs", and Crow Cultural and Traditional Curriculum for use in training the District Coordinators, Teachers, Parents and Students within all K-12 Crow Indian Reservation Schools.

Objective #4: During the Project Period of October 1, 2011 to September 30, 2012, the Project will identify and apply a list of project wide outcome measures and develop a "Sustainability Plan".

**Project Director:**

**Name:** Audrey Black Eagle

**Title:** Executive Director

**Org:** Apsaalooke Nation Housing Authority

**Address:** P.O. Box 99, Crow Agency, MT 59022

**Phone:** 406.638.2665 ext. 2665

**Email:** [ablackeagle@crowhousing.org](mailto:ablackeagle@crowhousing.org)

**Name:** The Family Tree Center – Billings Exchange Clubs' CAP Center

**Location:** Billings, Montana

**Title:** Second Chance Home and Sober Supported Living

**Program Option 4:** \$500,000 annual award for 5 years

**Abstract:**

The objective of this project is to increase the well-being of, improve permanency outcomes for, and enhance safety for children through supportive/sober living options for parents struggling with meth/substance addiction. Second Chance Home (SCH), shared-care, and sober/supportive living would, in most cases, allow children to remain in the care of their parent rather than placement in foster care, and, in all cases, provide treatment and ancillary services for parents to obtain/maintain sobriety, permanent housing, parenting, and self-sufficiency skills.

SCH will serve up to 10 women and their children (under the age of 12). The home will be staffed at all times and will facilitate treatment services as well as on-site life-skill and parenting services. Shared-care homes are licensed foster homes where a parent/children can be placed together. These will serve a similar function to SCH in a one-on-one family setting. Supportive family housing will act as both a "step-down" for families leaving SCH and shared-care, and also as preventative placement for families identified as at-risk, but who do not require legal involvement by Child Protective Services. Sober housing will serve parents not ready to have their children in their care, but who need housing to begin this process. Sober and supportive family housing will not be staffed full-time, but will have case management and onsite services.

The proposed projects will serve up to 50 families annually, increasing opportunities for families to become sober and economically productive, alleviate or significantly reduce the time children spend in foster care, and increase the quality of early relationships with parents and children that is so critical to children's socio-emotional growth.

***Project Director:***

**Name:** Donna Huston

**Org:** The Family Tree Center

**Address:** 2520 5<sup>th</sup> Avenue South, Billings, MT 59101

**Phone:** 406.698.1286

**Email:** livesuccessfully@msn.com

## Nebraska

**Name:** Omaha Nation Community Response Team

**Location:** Walthill, Nebraska

**Title:** Omaha Nation Community Response Team – “Sacred Child” Program

**Program Option 3:** \$500,000 annual award for 3 years

**Abstract:**

The Omaha Nation Community Response Team (ONCRT) is proposing through HHS2007-ACF-ACYF-CU-0022 to enhance our child welfare system by assisting American Indian families involved with substance abuse by initiating the "Sacred Child" Program (SCP). The SCP will utilize the "Walking in Beauty on the Red Road" (WBRR) evidence-based approach in providing intensive outpatient treatment, community outreach and recovery support services. SCP activities will also assist the community in developing a recovery support infrastructure on the Omaha Reservation, which encompasses all of Thurston County and portions of Burt and Cuming Counties in Northeastern Nebraska and Monona County in Iowa. Through enhanced partnerships, the SCP will engage tribal leaders and community stakeholders into a community change process. One specific goal and three supporting objectives will be pursued through this effort:

- **Project Goal:** To provide an effective and comprehensive recovery support infrastructure on the Omaha Reservation in Northeast Nebraska.
- **Objective 1:** To undertake the culturally relevant, evidence-based substance abuse program, Walking in Beauty on the Red Road (WBRR) for families involved with the child welfare system on the Omaha reservation;
- **Objective 2:** To integrate WBRR into new and existing family outreach programs to provide a comprehensive approach to building youth awareness, recruitment, and referral into this substance abuse program; and
- **Objective 3:** To establish the Sacred Child Center, to coordinate the WBRR program, and to facilitate family involvement, mentoring, and recovery support services.

**Project Director:**

**Name:** John Penn

**Org:** Omaha Nation Community Response Team

**Address:** P.O. Box 292, Walthill, NE 68067

**Phone:** 402.846.5280

**Email:** [Johnpenn33@yahoo.com](mailto:Johnpenn33@yahoo.com)

## Nevada

**Name:** State of Nevada

**Location:** Las Vegas, Nevada

**Title:** To develop a regional partnership that provides interagency collaboration and integration of programs and services designed to increase the well-being of children, to improve the permanency outcomes for children and to enhance child safety, for those children affected by methamphetamine or other substance abuse.

**Program Option 2:** \$1,000,000 annual award for 5 years

**Abstract:**

The State of Nevada Division of Child & Family Services (DCFS) as lead agency is seeking funding under Program Option 2 (\$1,000,000 annual award for 5 years - Declining Federal Award) with the following partners: the Nevada Attorney General's Office (AG); Nevada's Court Improvement Project (CIP); Clark County Drug Dependency Court, Nevada's Substance Abuse Prevention and Treatment Agency (SAPTA); Clark County Department of Family Services (CCDFS), non-state entity, and WestCare Foundation (Clark County non-profit community provider) to address methamphetamine abuse and its impact on child welfare in Clark County, Nevada.

If successful, funds will be used to coordinate resources to expand service capacity in Clark County, to increase timely access to appropriate substance abuse treatment, integrate child welfare and substance abuse and ultimately to improve the safety, permanency and well-being of children and families affected by methamphetamine abuse and child maltreatment. The proposed approach will focus on development of a strengthened system of care in Clark County for methamphetamine affected families through enhancing existing service capacity and incorporating systems collaboration at all levels to support positive treatment outcomes. This approach is designed to promote a reduction in the number of out-of-home placements for children, or the number of children who are at risk of being placed in an out-of-home placement, in Clark County through the development of a strengthened system of care for methamphetamine affected families in child welfare.

**Project Director:**

**Name:** Christine Lovass-Nagy

**Title:** Supervisor, Grants Management Unit

**Org:** State of Nevada, Department of Health and Human Services, Division of Child and Family Services

**Address:** 4126 Technology Way, 3<sup>rd</sup> Floor, Carson City, NV 89706

**Phone:** 775.684.4449

**Email:** clovass-nagy@dcfs.state.nv.us

## New York

**Name:** University of Rochester

**Location:** Rochester, New York

**Title:** Fostering Recovery: Supporting Young Children Exposed to Substance Abuse and Their Families

**Program Option 3:** \$500,000 annual award for 3 years

**Abstract:**

*Fostering Recovery* is the product of a regional partnership between the University of Rochester' Department of Psychiatry and Mt. Hope Family Center, the Monroe County Department of Human Services and the York State Monroe County Family Court to address the complex relational needs of families dealing with chemical dependency, especially those who have infants and toddlers (birth through age 2) in Monroe County, NY. Research is clear that young children in the Child Welfare System rarely receive mental health services, even though past work has shown irregularities in infants and toddlers biological, emotional, and behavioral regulation. Using the available empirical evidence, *Fostering Recovery* employs multiple evidenced-based, relational interventions (i.e., Child Parent-Psychotherapy, Attachment and Bio-Behavioral Catch-Up, and Relational Recovery Group), as well as a Rapid Referral program for substance abuse treatment and mechanisms to enhance Early Intervention utilization that are designed to enhance children's wellbeing. Specific goals of the program are:

- To enhance the parent-child relationship and support emotional security in young children living at home or in foster care
- Increase the social, emotional and cognitive development of young children in the child welfare system
- To reduce out of-home placements in children who remain at home and to decrease the time until permanency for children in foster care
- To enhance parental participation and success in conventional chemical dependency treatment

More specifically, *Fostering Recovery* supports parental recovery in four ways:

- by providing rapid referrals to treatment providers
- by allowing individuals to see themselves as healthy parents for their children
- by linking success in recovery to children's positive outcomes
- by improving the parent-child attachment relationship, which reinforces parental responsibility and sobriety

**Project Director:**

**Name:** Wendy Nilsen

**Org:** University of Rochester, Mount Hope Family Center

**Address:** 187 Edinburg Street, Rochester, NY 14608

**Phone:** 585.275.2991 ext. 267

**Email:** Wendy\_Nilsen@urmc.rochester.edu

**Name:** Westchester County

**Location:** White Plains, New York

**Title:** Protecting Westchester Families/ Integrating Systems of Cared

**Program Option 4:** \$500,000 annual award for 5 years

**Abstract:**

WCDCMH requests \$2.5 million over 5 years to create a new countywide process to identify, assess, refer, and track children living with adult substance abusers. We will hire a new full-time System of Care Coordinator, facilitate monthly cross-system meetings, and provide quarterly cross-training. We have many collaborative efforts underway, including specialized treatment for families and adolescents, substance abuse counselors co-located in child welfare offices, and intensive case management for substance-affected families at risk of foster care placement.

Our project focuses on adding child welfare expertise and resources to our network of chemical dependency treatment providers. Westchester has 1,487 children receiving Prevention Services but over 3,000 living with adult substance abusers in treatment. We will give the 400+ substance abuse counselors treating those adults the training and tools needed to screen children for serious emotional disturbances or developmental delays, and link children to Networks we've created that help families access the complex array of services available through child welfare, children's mental health, and special education systems. We will add long-term intensive case management for 250 and short-term transitional case management for 350 substance-affected families with children with serious emotional disturbances or developmental delays. This will allow us to:

- Reach many more at-risk children
- Mobilize hundreds of professionals who have the most consistent contact with the adult substance abusers to help screen high-risk children for emotional disturbances, unmet special education needs and developmental delays
- Intervene earlier, providing preventive and/or family stabilization services before children are placed in foster care or suffer tragic consequences.

***Project Director:***

**Name:** Dahlia Austin

**Title:** Director

**Org:** Office of Alcohol and Substance Abuse

**Address:** 112 East Post Road, 2<sup>nd</sup> Floor, White Plains, NY 10601

**Phone:** 914.995.5010

**Email:** daa3@Westchestergov.com

## North Carolina

**Name:** North Carolina Department of Health and Human Services

**Location:** Raleigh, North Carolina

**Title:** Robeson County Bridges for Families Program

**Program Option 4:** \$500,000 annual award for 5 years

**Abstract:**

The North Carolina Division of Social Services is applying for Program Option 4 of the Department of Health and Human Services Administration for Children and Families grant opportunity HHS-2007-ACF-ACYF-CU-0022, with fixed funding for 5 years at \$500,000 per year. The North Carolina Regional Partnership will use a comprehensive approach and assure interagency collaboration and capacity building in order to provide a full continuum of care using evidence-based programs for substance-involved families who are referred to the Robeson County Department of Social Services, a rural county in eastern North Carolina affected by drug traffic on the 1-95 corridor. This coordinated and comprehensive approach will improve the safety, permanency, and well-being of children who are in out-of-home placement or are at risk of out-of-home placement as a result of their parent's or caretaker's methamphetamine or other substance abuse, as well as to improve the overall well-being and functional capacity of their families. The Robeson County Bridges for Families Program will serve as a model for statewide strategic planning efforts to support systems-of-care that will enhance outcomes for children and families affected by parental and caretaker methamphetamine and other substance abuse. The North Carolina Regional Partnership will document strategies-through process and outcome evaluation of the Robeson County Bridges for Families Program-for bridging statewide discrete agency efforts and other best practices shown to be effective that result in positive clinical outcomes for families and safety and permanency placement outcomes for children, particularly in rural communities that seem to be hardest hit by the emerging methamphetamine problem. There is strong commitment from all agencies involved to utilize model treatment programs and best practices, to continue efforts in Robeson County beyond the 5-year funding cycle of this grant, and to apply lessons learned in statewide planning.

***Project Director:***

**Name:** Sherri Green

**Org:** North Carolina Division of Social Services

**Address:** 2001 Mail Service Road, Raleigh, NC 27609

**Phone:** 828.963.5129

**Email:** [sgreennc@mindspring.com](mailto:sgreennc@mindspring.com)



## Ohio

**Name:** Butler County Children Services

**Location:** Hamilton, Ohio

**Title:** CANSafe: Butler County's Approach to Improving the 4 R's

**Program Option 4:** \$500,000 annual award for 5 years

**Abstract:**

A 2005 study by Butler County Children Services revealed that substance abuse is playing a major role in child maltreatment in the county and that, in co-occurring cases, the removal rates are higher, the reunification rates are lower, the recurrence rates are higher, and the re-entry into substitute care rates are higher. The target population for CANSafe (Child Abuse and Neglect Substance Abuse Focus and Expansion) is parents who are abusing and/or neglecting their children primarily because of substance abuse and from whom the children are at risk of or have been removed. The project includes parents/caregivers whose substance abuse ranges in severity and whose motivation for treatment ranges from self-motivated to requiring the external discipline of a family drug court. The major goal of the project is that these substance abusing parents will match the removal, reunification, recurrence, and reentry rates that have been established as the national standards. To accomplish these outcomes, current service gaps have been identified, including:

- Lack of family-focused and substance abuse-related group intervention that includes children
- Lack of understanding of substance abuse issues by kinship and foster caregivers; insufficient residential, intensive outpatient, and outpatient substance abuse treatment; lack of case management
- Insufficient attention to ancillary and after-care needs

Identified system deficiencies include: gaps in expertise in developing treatment plans, lack of capacity in the existing family drug court, and gaps in evaluation data. Each of these gaps and deficiencies has been addressed by either focusing or expanding services and systems. Specialized group interventions will be added, substance abuse treatment capacity will be increased, case managers will be provided, ancillary and after-care services will be arranged, treatment plans will be improved, and the evaluation plan will be focused.

***Project Director:***

**Name:** Donna Lang

**Title:** Ongoing Department Manager

**Org:** Butler County Children Services

**Address:** 300 North Fair Avenue, Hamilton, OH 45011

**Phone:** 513.785.5906

**Email:** langd01@odjfs.state.oh.us

**Name:** County of Lucas

**Location:** Toledo, Ohio

**Title:** Pre-Removal Family Drug Court: Improving Permanency Outcomes for Lucas County Children Affected by Parental Substance Abuse

**Program Option 3:** \$500,000 annual award for 3 years

**Abstract:**

The Lucas County Board of Commissioners, through Lucas County Juvenile Court, seeks funding from the Department of Health & Human Services Administration's funding opportunity Number HHS-2007-ACF-ACYF-CU-0022, option three, to expand and improve the continuum of services provided by the Lucas County Family Drug Court. The applicant's *objectives* include:

- Engaging substance abusing participants in treatment at the *earliest* point of their contact with child protection services
- Facilitating earlier access to the Family Drug Court
- Safe reunification, especially for young children
- Addressing a fuller spectrum of family problems which contribute to child maltreatment.

The project's approach includes providing drug court services to "pre-removal" child protection cases, either by contract, prior to filing in court or upon filing with a request for Lucas County Children Services' protective supervision and providing supportive housing for pre and post removal drug court participants, in which reunification can occur and new sobriety and parenting skills can be practiced under supervision. Increased capacity for substance abuse treatment on demand, the Strengthening Families Program, which teaches new parenting skills and prepares children for their new lives with sober parents, specialized co-dependency groups for substance abusing parents, to prepare them for difficult choices regarding relationships which are not in their child's best interests, are all critical components of the project. The project also includes cross training for all partners to learn about methamphetamine, its culture, pathology and evidence based treatment protocols, in addition to expanded post-supportive housing case management for all participants who have resided in residential treatment or other supervised housing placements. The anticipated *benefits* of this project include timely reunifications which meet ASFA requirements, fewer foster care re-entries, and increased well-being and safety of children, all of which improve permanency outcomes for children of substance abusing parents.

**Project Director:**

**Name:** Kristen Blake

**Title:** Drug Court Coordinator

**Org:** Lucas County Juvenile Court

**Address:** 1801 Spielbusch Avenue, Toledo, OH 43604

**Phone:** 419.213.6645

**Email:** [kblake@co.lucas.oh.us](mailto:kblake@co.lucas.oh.us)

## Oklahoma

**Name:** Choctaw Nation of Oklahoma

**Location:** Durant, Oklahoma

**Title:** Choctaw Project SOAR (Serving Our At Risk)

**Program Option 4:** \$500,000 annual award for 5 years

**Abstract:**

The Choctaw Nation of Oklahoma, a federally-recognized Indian Tribe, will act as the primary applicant on behalf of a regional partnership under Option Four under the Department of Health and Human Services, Administration on Children, Youth and Families: Targeted Grants to Increase the Well-Being of, and to Improve the Permanency Outcomes for, Children Affected by Methamphetamine or Other Substance Abuse. HHS-2007-ACF-ACYF-CU-0022. *Project SOAR (Serving Our At Risk)* will provide evidence-based, culturally-sensitive activities designed to increase the well-being of, improve permanency outcomes for, and enhance the safety of children in Latimer and Pittsburg Counties in southeastern Oklahoma who are in out-of-home placement or are at risk of being placed in an out-of-home placement as a result of a parent's or caretaker's methamphetamine or other substance abuse.

There are 85% more Native Americans in the area as compared to the state as a whole. Median household income is 35% below the rest of the state. Levels of substance abuse, especially methamphetamine, are high and the *rate of substance abuse tends to be highest among American Indians*. Child abuse (Latimer 12.0%, Pittsburg 26.1%) is higher than the Oklahoma (13.8%) and National (9.4%) averages. These unfortunate factors are reflected in the high numbers (especially for rural counties) of children in or at risk of placement in foster care. Project SOAR Objectives include:

- Collaboration with Partners,
- Outpatient Treatment and Other Support Services,
- Strengthening Families, and
- Prevention for elementary students using Lions-Quest.

Accomplishment of the Project SOAR objectives will result in an increase in the availability of services for children/families and an increase in the chances of in home stay for at risk children, an increase in access to and availability of services that enhance child and family well-being and safety, a decrease in the number of out-of-home placements for children or the number of children who are at risk of an out-of home placement, and an increase in the well-being, refusal skills, and safety of children.

Project SOAR meets the federal definition of special interest as it focuses on underserved clients, addresses diverse ethnic populations, and provides services to address the problem of methamphetamine use in the child welfare system. Partners include Choctaw Nation, two County Departments of Human Services, eighteen school districts, and two health coalitions.

**Project Director:**

**Name:** Janeen Gray

**Org:** Choctaw Nation of Oklahoma

**Address:** P.O. Box 1210, Durant, OK 74702

**Phone:** 800.522.6170

**Email:** [sjaneengray@yahoo.com](mailto:sjaneengray@yahoo.com)

**Name:** Oklahoma Department of Mental Health and Substance Abuse Services

**Location:** Oklahoma City, Oklahoma

**Title:** Oklahoma Partnership Initiative to Increase the Well-Being of, and to Improve the Permanency Outcomes for, Children Affected by Methamphetamine or Other Substance Abuse (Oklahoma Partnership Initiative or OPI)

**Program Option 4:** \$500,000 annual award for 5 years

**Abstract:**

The Oklahoma Partnership Initiative (OPI) to increase the well-being of, and to improve the permanency outcomes for, children affected by methamphetamine and other substance abuse addresses the growing problem of children who are at high risk for substance abuse and other problem behaviors due to their parents' substance abuse. The goal of this project is to intervene effectively and early to prevent and reduce the risks for children associated with parental methamphetamine and/or other substance abuse. This goal will be accomplished through the following objectives:

- Universal alcohol and drug screening for parents in the child welfare system
- Expansion of accessibility of services to newborns with prenatal substance exposure through enhanced identification and intervention with this population
- Early intervention and preventive services for children and adolescents of substance abusing parents through evidence-based programs
- Improvements in cross-system information sharing mechanisms to ensure consistent data collection across the substance abuse and child welfare systems

These objectives will allow for early identification of risk and timely referral for services which will help improve long term permanency outcomes for children affected by substance abuse.

***Project Director:***

**Name:** Steven Buck

**Org:** Oklahoma Department of Mental Health and Substance Abuse Services,

**Address:** 1200 NE 13<sup>th</sup>, P.O. Box 53277, Oklahoma City, OK 73152

**Phone:** 405.522.3878

**Email:** SBuck@odmhsas.org

## Oregon

**Name:** Klamath Tribes

**Location:** Chiloquin, Oregon

**Title:** Klamath Tribes: Methamphetamine and Substance Abuse Eradication Project

**Program Option 4:** \$500,000 annual award for 5 years

**Abstract:**

Grant Funding Opportunity: Targeted Grants to Increase Well-Being of and to Improve the Permanency Outcomes for Children Affected by Methamphetamine or other Substance Abuse Service Area: Klamath County, Oregon the Klamath Tribes, Klamath Tribal Health and Family Services, the non-profit Klamath Youth Development Center and the Williamson River Indian Mission located in Klamath County, Oregon, request grant funding to create a comprehensive continuum of services to address the overwhelming problem of methamphetamine and drug abuse among Native American families. The lead entity, the Social Services Department, as the Tribes' "child welfare agency", proposes to refer families, parents and children to its partners who will combine to offer a comprehensive range of services.

The diverse partners will not only be able to deliver therapy and counseling services in an office setting, they will also be able to do so in the home. A Community Services Coordinator will work to ensure all available resources are brought to bear for drug-affected families. The large service district means that people in different locations will have access to differing services and the coordinator will work to help them have access. The Williamson River Indian Mission will provide culturally and spiritually relevant services. The Williamson River Indian Mission will focus on serving youth, with meaningful activities, including sports, education and traditional skills. The project will also provide create a foster parent system and facilitate training for all of the partners and the entire community as relevant and appropriate.

***Project Director:***

**Name:** Marvin Garcia

**Title:** Executive Director

**Org:** Klamath Tribes

**Address:** P.O. Box 436, Chiloquin, OR 97624

**Phone:** 541.783.2219 ext. 125

**Email:** [marvin.garcia@klamathtribes.com](mailto:marvin.garcia@klamathtribes.com)

**Name:** Multnomah County

**Location:** Portland, Oregon

**Title:** Family Involvement Team

**Program Option 2:** \$1,000,000 annual award for 5 years

**Abstract:**

The Multnomah County Department of County Human Services, Mental Health and Addiction Services Division (grantee) submits this proposal on behalf of the Family Involvement Team (FIT), for Program Option 2. FIT is a collaboration of eleven state, county, and non-profit partners that work together to serve children of parents who are substance abusers, with emphasis on methamphetamine. The goal of the program is to provide highly-coordinated court and treatment efforts to reach timely permanency placements for children of substance abusers. Services are currently available for parents who accept services within 30 days of the first Family Court shelter hearing. Thus proposal doubles system capacity to serve all parents with substance abuse concerns who are in the child welfare system, and creates a full scale model for Family Drug Treatment Courts. The program includes *Intensive Triage Services* to enhance treatment engagement, *Treatment Support Services* to increase treatment retention, and *Family Aftercare* to increase family wellness and parental abstinence. General project goals are to:

- Reduce the impact of parental substance abuse on children
- Increase parental success in treatment
- Increase family capacity to care for their children's needs
- To expand the service capacity and level of coordination among Family Court, Child Protective Services and Substance Abuse Treatment.

FIT will serve at least 400 unduplicated parents annually, and will create a replicable model of care. FIT will partner with Portland State University's Regional Research Institute and Child Welfare Partnership to complete a comprehensive evaluation, and to disseminate findings to the field.

***Project Director:***

**Name:** John Pearson

**Title:** Program Director

**Org:** Multnomah County Department of Human Services

**Address:** 421 SW Oak Street, Suite 520, Portland, OR 97204

**Phone:** 503.988.3691, Ext. 22612

**Email:** [john.f.pearson@co.multnomah.or.us](mailto:john.f.pearson@co.multnomah.or.us)

**Name:** Northeast Oregon Collaborative/Baker County

**Location:** Baker City, Oregon

**Title:** Funding a collaborative of Child Welfare and substance abuse treatment providers to address child welfare, safety, and permanency in Northeast Oregon.

**Program Option 4:** \$500,000 annual award for 5 years

**Abstract:**

Baker County, Oregon is applying on behalf of a three-county collaborative, the Northeast Oregon Collaborative for Child Safety (NOCCS), designed to promote child safety through increasing drug and alcohol, mental health, and wrap around services to families with children in an out-of-home placement or at risk of being placed in an out-of-home placement as a result of a parent's or caretaker's methamphetamine or other substance abuse.

The primary problem to overcome in the region is the lack of financial resources to engage alcohol and drug treatment providers to provide service. Funding would support a program manager and six alcohol and drug counselors.

The provision of these services will allow an additional 240 families to receive services annually. This will be achieved by forming a collaboration that uses evidence-based practices across county lines. The result will be a measurable decrease in the impact of methamphetamine on families in Oregon, increasing the well-being, permanency outcomes and safety of children.

***Project Director:***

**Name:** Lois Gates

**Org:** Baker County Commission on Children and Families

**Address:** 14501 Pink Creek Lane, Baker County, OR 97814

**Phone:** 541.379.9713

**Email:** results@uci.net

**Name:** OnTrack, Inc

**Location:** Medford, Oregon

**Title:**

**Program Option 4:** \$500,000 annual award for 5 years

**Abstract:**

Through collaboration between Child Protective Services (also referred to as Child Welfare), OnTrack Inc., Court Appointed Special Advocates (CASA), the Circuit Court, OPTIONS of Southern Oregon, and the local Commissions on Children and Families, the project partners propose to reduce the number of children placed into foster care secondary to parental substance abuse in Jackson and Josephine Counties.

As a result of Southern Oregon's high rate of methamphetamine use, the lives of children and families are being torn apart, the foster care systems are overwhelmed, and our counties are continuing to see intergenerational addiction. In response, community partners seek to expand and enhance our community's permanency systems, and to offset recognized deficiencies. Proposed services include:

- Increased access to model residential and outpatient substance abuse treatment for parents and children
- Case management
- Emergency housing
- Mental health services
- Location of family resources
- Foster parent training
- Family advocacy to bridge and mediate systems

An Oversight Council will ensure that these changes are operationalized as proposed. The project will provide short and long term support for families that will help them gain and maintain sobriety, build stronger parent child bonds, move toward self sufficiency, and ensure safety and permanency for children.

***Project Director:***

**Name:** Rita Sullivan

**Title:** Executive Director

**Org:** OnTrack, Inc.

**Address:** 221 West Main Street, Medford, OR 97501

**Phone:** 541.772.1777

**Email:** rontrack@cybernetisp.net



## Rhode Island

**Name:** Children's Friend and Service

**Location:** Providence, Rhode Island

**Title:** Project Connect Statewide

**Program Option 4:** \$500,000 annual award for 5 years

**Abstract:**

*Project Connect Statewide* responds to Program Option 4 of ACF's *Targeted Grants to Increase the Well-Being of, and to Improve the Permanency Outcomes for, Children Affected by Methamphetamine or Other Substance Abuse*. The service area includes all cities and towns in Providence, Bristol, Newport, and Washington Counties, Rhode Island. *Project Connect Statewide* will build the state's capacity to address those issues involving children who are at-risk or negatively impacted by a parent/caregiver's use of methamphetamine or other substances. Project Connect is a community-based comprehensive intervention program designed to address the problems associated with substance abuse among high-risk families involved in Rhode Island's child welfare system, helping parents in becoming substance-free and in ensuring child safety and well-being. Currently available in only 6 of Rhode Island's 39 cities and towns, the proposed project will expand Project Connect statewide. Using a family-centered approach, services include home-based substance abuse and family counseling, as well as parent education, nursing services, sobriety support, service linkage, and other supports such as transportation and emergency assistance. The Project Connect Coordinating Committee, which facilitates communication among substance abuse and child welfare providers, and provides consultation to the state child welfare agency, will expand its membership to include representatives from all the state's regions. The Committee will also develop safety protocols for child welfare workers and community providers in responding to families in which methamphetamine or other substance use is present, and will develop and provide training on methamphetamine and other substances. The regional partnership consists of Children's Friend, the lead agency, the Rhode Island Department of Mental Health, Retardation and Hospitals, and the Rhode Island Department of Children, Youth and Families.

**Project Director:**

**Name:** Tina Laprade

**Title:** Manager of Project Connect

**Org:** Children's Friend and Service

**Address:** 153 Summer Street, Providence, RI 02903

**Phone:** 401.721.9237

**Email:** vlaprade@cfsri.org

## Tennessee

**Name:** Child and Family Tennessee

**Location:** Knoxville, Tennessee

**Title:** New Beginnings for Women and Children

**Program Option 2:** \$1,000,000 annual award for 5 years

**Abstract:**

*New Beginnings for Women and Children* is a partnership between Child & Family Tennessee, a non-profit agency, and the Knox County and East Tennessee Regions for child welfare in 16 East Tennessee counties. Forming the East Tennessee Drug Endangered Children Regional Partnership with 15 other partners, *New Beginnings* has as its goals:

- Protecting children from harm or neglect and improving their safety and well-being,
- Improving the coordination and integration of services between child welfare and other partners within our region
- Contributing to the field of knowledge on children affected by methamphetamine and other substance abuse.

The program's objectives are to provide:

- Evidenced-based substance abuse treatment for addicted mothers
- Family-centered services including wraparound and development services for children
- Build regional capacity through our East Tennessee Regional Partnership
- Conduct a rigorous match comparison evaluation study

Benefits expected include positively impacting the lives of pregnant women and mothers of small children who abuse substances, helping them to access and receive gender-specific model treatment services that contribute to their success as mothers and success in life. Children will benefit from the ability to stay with their mother while „mom' completes treatment, they will live safer lives and experience permanency. The community will benefit from improved systematic coordination, communication and cross-training among professionals. Our proposal has chosen to apply for funding option 2, \$3,742,000 over 5 years with fluctuating revenue.

**Project Director:**

**Name:** Kathy Hatfield

**Title:** Director of Grants

**Org:** Child & Family Tennessee

**Address:** 901 East Summit Hill Drive, Knoxville, TN 37915

**Phone:** 865.524.7483

**Email:** khatfield@child-family.org

**Name:** Tennessee Department of Mental Health and Developmental Disabilities

**Location:** Nashville, Tennessee

**Title:** Building Strong Families in Rural Tennessee

**Program Option 4:** \$500,000 annual award for 5 years

**Abstract:**

TDMHDD/DADAS, in partnership with the state agencies of Department of Children's Services, Governor's Office of Children's Care Coordination, Administrative Office of the Courts, and with Centerstone, a community-based non-profit agency, proposes to implement Partners for Family Strengthening and Preservation (PFSP). This initiative will use the evidence-based *HOMEBUILDERS* model in 8 rural counties located in the southeastern region of Middle Tennessee. PFSP partners, through a Collaborative Council, will ensure integrated services are provided for children, ages 0-18, who are in or at risk of an out-of-home placement as a result of a parent/caretaker meth or other substance abuse. Therapists will provide intensive, in-home crisis intervention, counseling, life-skills education, and referral for substance abuse and/or mental health treatment as well as other ancillary and support services. PFSP will support a seamless continuum of care for 270 children/families (Year-1: 30; Years 2-5: 60 per year). Short and long term outcomes include:

- Safety
- Permanency, and well-being of children
- Enhancements of family protective factors
- Reduction in family risk factors
- Increased access, availability, and outreach
- Specialized training for service providers and other stakeholders
- Improved coordination/collaboration development and documentation
- Dissemination of the service model for replication

PFSP will bridge a significant gap in services in a region where a high number of children are entering state custody and are reported to child protective services.

***Project Director:***

**Name:** Edwina Chappell

**Title:** Principal Investigator

**Org:** Division of Clinical Leadership, Tennessee Department of Mental Health and Developmental Disabilities

**Address:** 425 5<sup>th</sup> Avenue North, 5<sup>th</sup> Floor, Cordell Hull Building, Nashville, TN 37243

**Phone:** 615.741.9476

**Email:** Edwina.Chappell@state.tn.us

## Texas

**Name:** Aliviane, Inc.

**Location:** El Paso, Texas

**Title:** 'Project Aware' will be implemented in an effort to Build Healthy Families, Promote Wellness, Permanency, and Success through Parent Education and Mentoring.

**Program Option 4:** \$500,000 annual award for 5 years

**Abstract:**

Aliviane, Inc., Big Brothers Big Sisters of El Paso, and the Texas Department of Family and Protective Services, Department of Child Protective Services (CPS) who is responsible for administering the State plan under title IV-B of the Social Security Act, is proposing a collaborative effort under this proposal to implement Project Aware. Project Aware will consist of intensive case management services using the Assertive Community Treatment model for a total of 420 families at risk of becoming or are found to be substance abusers residing in El Paso County that are under investigation by CPS and are in danger of having their children placed outside the home. Intensive case management services will be directly linked to substance abuse and mental health treatment services in an effort to increase timely access to a broad spectrum of services including:

- Early intervention and prevention services for children and adults
- Substance abuse treatment for adults and adolescents
- Mental health treatment for adults and youth
- Mentoring services for children, and other services

**Project Director:**

**Name:** Ivonne Tapia

**Org:** Aliviane, Inc.

**Address:** 1111 Barranca Dr., Suite 800, El Paso, TX 79935

**Phone:** 915.782.4000

**Email:** itapia@aliviane.org

**Name:** Houston Council on Alcoholism and Drug Abuse

**Location:** Houston, Texas

**Title:** SAFE4Kids

**Program Option 4:** \$500,000 annual award for 5 years

**Abstract:**

The Houston Council on Alcoholism and Drug Abuse dba The Council on Alcohol and Drugs Houston (The Council) is seeking support for its SAFE4Kids program through funding announcement HHS-2007-ACF-ACYF-CU-0022, Targeted Grants to Increase the Well-Being of, and to Improve the Permanency Outcomes for, Children Affected by Methamphetamine or Other Substance Abuse. The Houston Council on Alcoholism and Drug Abuse will act as lead agency for the project.

The SAFE4Kids program will address the safety, permanency and well-being of children ages 0-4, involved with Child Protective Services (CPS) in Harris County, Texas, and the neighboring regional counties of Liberty, Chambers and Montgomery. The SAFE4Kids program will work with clients, participating in Family-Based Safety Services (FBSS) through the Texas Department of Family and Protective Services (DFPS), when child safety is at risk due to maternal substance abuse and/or the child was prenatally exposed to substances. The Council's SAFE4Kids partners include Santa Maria Hostel, Inc. (nonprofit treatment center), DePelchin Children's Center (evaluation) and the Texas Department of Family and Protective Services - Child Protection Services Division (local child-welfare agency).

The SAFE4Kids program consists of an array of services for parents/caregivers and their children to include substance abuse and mental health screening and assessment; brief intervention, residential and outpatient treatment; parenting and trauma-informed education; individual and family counseling, home-based case management; medical services; and referrals to address a broad spectrum of client needs.

***Project Director:***

**Name:** Mary Beck

**Org:** SAFE4KIDS Project, Houston Council on Alcoholism and Drug Abuse

**Address:** 303 Jackson Hill, Houston, TX 77007

**Phone:** 713.942.4100 ext. 321

**Email:** mbeck@council-houston.org

**Name:** Travis County

**Location:** Austin, Texas

**Title:** Parenting in Recovery Project - This program will serve substance dependent mothers and their children who are involved with child welfare

**Program Option 4:** \$500,000 annual award for 5 years

**Abstract:**

The *Parenting in Recovery* project will provide a flexible, comprehensive continuum of services for children and parents who are involved in the child welfare system as a result of parental substance dependency. Objectives of *Parenting in Recovery* are:

- Provide cross systems training for child welfare and substance abuse counselors to promote more effective collaboration and treatment planning and increase ability to service families with substance dependency and child welfare involvement;
- Preclude/decrease the number of out-of-home placements for children of mothers with substance dependency; and
- Increase the safety and wellbeing of children of substance dependent mothers by reducing risks factors and increasing protective factors for child maltreatment.

The approach of *Parenting in Recovery* is to:

- Provide cross-training of key partners including child welfare and substance abuse counselors,
- Expedite access to and extended stays in residential substance abuse treatment,
- Coordinate a collaborative team for developing treatment and discharge planning,
- Provide residential substance abuse treatment for mothers and child(ren),
- Provide assistance in developing stable housing,
- Employment/educational training,
- Child care assistance,
- Develop wraparound supports and services to families upon discharge from treatment.

Outcomes of this project will be a parent's sustained recovery, allowing them to safely parent their child(ren) without the continued intervention of child welfare. Child(ren) will improve their safety, permanency, and well-being.

**Project Director:**

**Name:** Laura Peveto

**Org:** Travis County Department of Human Services and Veterans Services

**Address:** 100 North IH 35, Austin, TX 78701

**Phone:** 512.854.7874

**Email:** laura.peveto@co.travis.tx.us

## Vermont

**Name:** Lund Family Center

**Location:** Burlington, Vermont

**Title:** A Regional Interagency Screening, Assessment, and Treatment Collaboration to Improve Well-Being and Permanency Outcomes for Vermont Children Affected by Substance Abuse

**Program Option 4:** \$500,000 annual award for 5 years

**Abstract:**

Lund Family Center, a comprehensive residential and community treatment program for substance abusing women and their children located in Burlington (Chittenden County), Vermont is proposing a regional partnership under Program Option 4 of the funding opportunity "Enhance the Safety of Children Affected by Parental Methamphetamine or Other Substance Abuse." This partnership is titled "A Regional Interagency Screening, Assessment, and Treatment Collaboration to Improve Well-Being and Permanency Outcomes for Vermont Children Affected by Substance Abuse." Lund will partner with Vermont's child welfare agency (Department of Children and Families Division of Family Services) and Department of Health Division of Alcohol and Drug Abuse Programs. This Chittenden County partnership will reach a number of Vermont's child welfare caseload. Lund will build on existing services to greatly enhance collaboration with the child welfare and substance abuse agencies to increase the well-being of children and improve permanency outcomes. Placement of treatment staff at the child welfare office will assist case workers in investigating child abuse and neglect with screening and assessment for parental substance abuse and/or co-occurring mental health disorders. Treatment staff will assist families in overcoming barriers to treatment. Lund currently operates the only residential treatment program that serves women with their children. Assessment beds will be made available for women and their child(ren) who need a safe place while assessment is carried out. Lund will assist in 500 child welfare investigations annually, provide 40 days of residential assessment, and work with an additional 50 families to provide family education and increased visitation. The partnership will be a model for Vermont in assuring that families affected by substance abuse have timely access to treatment, with the goal of increasing permanency outcomes for children while decreasing the risk of further maltreatment.

**Project Director:**

**Name:** Kimberly Coe

**Title:** Director of Residential and Community Treatment

**Org:** Lund Family Center

**Address:** P.O. Box 4009, Burlington, VT 05406

**Phone:** 802.864.7467

**Email:** kimc@lundfamilycenter.org

## Washington

**Name:** Pierce County Alliance

**Location:** Tacoma, Washington

**Title:** A regional partnership to effect systems change for the purpose of increasing the reunification of children with parents recovering from substance dependency and to reduce the number of children returned to the child welfare system

**Program Option 1:** \$1,000,000 annual award for 3 years

**Abstract:**

The Pierce County Alliance, in collaboration with the Region V of the Washington State Department of Children and Family Services and other local providers, proposes a regional partnership with the primary objective of reducing parental drug use recidivism and an unacceptably high rate of return of children into the child welfare system. The partnership is requesting \$1,000,000 over 3 years (Funding Option 1) to undertake innovative, science-based approaches to implement systems changes that help families improve parenting skills and extend crucial supportive services through an intensive case management approach that not only address all needs of the family through an extended continuum of care, but allies the family and the local community in the post-treatment phase. The benefits expected include healthy families within healthy communities where there is far greater likelihood that the family will achieve a long-term viability with parents free of drug use and where the children can grow and develop in a healthy environment.

The regional partnership will leverage lessons-learned from activities already pioneered across the state under the auspices of the Washington State Methamphetamine Initiative (WSMI) and the Pierce County Family Dependency Treatment Court, particularly as these have enhanced protective factors or mitigated risk factors for children and families and provide a strong, collaborative infrastructure on which the partnership can build.

The project includes a process and outcome evaluation that will support replication of the program across the state and nationally and ensure that the ACYF and ASFA goals are achieved to improve the permanency outcomes of children in or at risk of out-of-home placement as a result of a parent or caregiver's methamphetamine or other substance dependency.

***Project Director:***

**Name:** Terree Schmidt - Whelan

**Title:** Executive Director

**Org:** Pierce County Alliance

**Address:** 510 Tacoma Avenue, Tacoma WA 98402

**Phone:** 253.572.4750

**Email:** drterree@p-c-a.org



## Wisconsin

**Name:** Wisconsin Department of Health and Family Services

**Location:** Madison, Wisconsin

**Title:** The Western Wisconsin Collaborative for Children's Safety and Permanency

**Program Option 4:** \$500,000 annual award for 5 years

**Abstract:**

The proposed Western Wisconsin Collaborative for Children's Safety and Permanency is an alliance of State, Regional, and County/Tribe-level partners who are committed to responding effectively to the safety and permanency needs of children whose parents or caregivers abuse alcohol, methamphetamine, or other drugs. This is an application for Program Option 4 of HHS2007-ACF-ACYF-CU-0022. The Lead Agency is the State of Wisconsin, Department of Health and Family Services, Division of Children and Family Services. The Collaborative proposes a Region-wide systems-transformation initiative that will focus its efforts on:

- Building providers' capacity for family-centered interagency coordination of services
- Eliminating barriers to service access, engagement, retention, and recovery.

These efforts will be designed to effect stronger and more stable recovery, thereby increasing the safety, permanency, and well being of children who are in, or at risk of, out-of-home placement. This project has five major Goal areas:

- Service Capacity: Increase the Region's capacity to respond in collaborative, coordinated ways to parents'/caregivers' substance use disorders and their effects on children's lives and safety;
- Family Support: Promote family safety, stability, and capacity to meet children's needs through collaborative, family-centered case planning, case management, and support;
- Parents' Recovery: Promote parents'/caregivers' retention in treatment, recovery from substance use disorders, and responsible choices;
- Children's Safety: Protect their children from abuse and neglect.
- Permanency: Promote permanency and stability in these children's living situations.

Wisconsin's Western Region is the area of the State with the highest concentration of methamphetamine abuse. It is also an area with tremendous human resources, in the dedication and collaborative will of its human service providers. It is Wisconsin's area of greatest need in this realm, and an area with great potential for success.

***Project Director:***

**Name:** Kim Eithun

**Org:** Wisconsin Division of Children and Family Services

**Address:** 1 West Wilson St, Room 527, Madison, WI 53703

**Phone:** 608.261.7836

**Email:** EithuKc@dhfs.state.wi.us